

**CLINICAL EXERCISE PHYSIOLOGY APPLICATION  
EXERCISE SCIENCE DIVISION OF SPESES BALL STATE UNIVERSITY**

**CONTACT INFORMATION**

Name:

Permanent Address:

Current Address:

Current Phone No.

Cell phone No

Email address:

**EDUCATIONAL INFORMATION** (List all Colleges or Universities you have attended)

School Name & Location

Dates Attended

Degree

GPA

Undergraduate Major:

Dept:

Undergraduate Minor:

Dept:

**GRE Scores**

Verbal:

Quant:

Analyt:

Year Taken:

**REFERENCES**

List names, addresses, and telephone numbers of three individuals who will be sending letters of recommendation on your behalf. **PLEASE NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO MAKE SURE THAT WE RECEIVE THE LETTERS BY JANUARY 15.**

NAME ADDRESS TELEPHONE # EMAIL

1.

2.

3.

## **ACADEMIC/PROFESSIONAL EXPERIENCE**

1. List and describe all job and/or academic training that relates to this field of study. Examples would be laboratory assistantships, internships, certifications, exercise testing experience, etc.

2. What are your specific career goals?

3. Indicate how the training you will receive will enable you to realize your career goals.