

Previous Education/Experience

Highest Degree Earned: _____ Month and Year: _____

Please list all schools you have attended in the table below (list most recent first)

High School, Colleges Attended	Location (City, State, Zip)	Graduation Date From/To	Hours Earned	Date Degree Earned

Previous Experience

If you have had any previous experience in any of the following areas, please indicate below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Weight Training | <input type="checkbox"/> Athletic Training | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Wellness | <input type="checkbox"/> Weight Management |

Shirt Size

Please indicate your shirt size below (needed if enrolled in the program)

- | | | |
|--------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Extra Small | <input type="checkbox"/> Small | <input type="checkbox"/> Medium |
| <input type="checkbox"/> Large | <input type="checkbox"/> X-Large | <input type="checkbox"/> XX-Large |

Signature

Date

Please complete and return by email to Richard Hind at richard.hind@sjcd.edu
or in person at room S-1.251Q