ESS-Exercise Science Program

**Practice Application for Admission**

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| --- |
| \*\*\*WARNING - PLEASE READ CAREFULLY\*\*\*Providing inaccurate information or failure to follow directions will result in point deductions. Several students have missed the cutoff for admission by making these mistakes in the past. |

# Identification

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Student ID number |  |
| Email address |  |

# Fitness or Pre-professional Track

|  |  |
| --- | --- |
| [ ]  | I am applying for admission to the **FITNESS** Track |
| [ ]  | I am applying for admission to the **PRE-PROFESSIONAL** Track |

# Application Number

|  |  |
| --- | --- |
| [ ]  | This is my **FIRST** application to this track  |
| [ ]  | This is my **SECOND** application to this track |

# Admission Requirements

|  |  |  |
| --- | --- | --- |
| Total credit hours already **completed** including transfer and AP credits if applicable (a minimum of 30 are required): |       |  |
| BIO 100, BIO 103, BIO 105, or MIC 100 grade (“C” or higher is required): |       |  |
| HPR 105 grade (“C” or higher is required): |       |  |
| **From UW-L** - Cumulative GPA (Cum GPA) and UW-L credits completed: | GPA      | Credits      |
| **Transfer Students Only** – Transfer Cumulative GPA (Tras Cum GPA) and transfer credits completed: | GPA      | Credits      |

# Related Research Activities

## Please list up to 10 research projects in which you have participated. These should only be studies related to your major (Exercise Science). Studies may include graduate theses, undergraduate research projects, and faculty research projects. Provide the full official title of each study (not an abbreviation or summary). ***Please do not include research activities done as class projects or assignments***.

## **Acceptable** Title Examples:

## The long-term effects of MusclePharm Fitmiss Ignite on clinical health markers, body composition, and training adaptions in recreationally active females

## The effects of eight weeks of bio-active peptide supplement on training adaptions in recreational male weightlifters

## **Unacceptable** Title Examples:

## Step down and jumping

## Treadmill Thesis study

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Full title of the study****(Please do not abbreviate)** |  | **Supervising faculty member** |  | **Time spent on project** |  | **Your role** |
| 1 |       |  |       |  |       |  |  |
| 2 |       |  |       |  |       |  |  |
| 3 |       |  |       |  |       |  |  |
| 4 |       |  |       |  |       |  |  |
| 5 |       |  |       |  |       |  |  |
| 6 |       |  |       |  |       |  |  |
| 7 |       |  |       |  |       |  |  |
| 8 |       |  |       |  |       |  |  |
| 9 |       |  |       |  |       |  |  |
| 10 |       |  |       |  |       |  |  |

# UW-L Departmental/Professional Society Organizations

## Please indicate if you are a member or officer in any of the following UW-L organizations.

|  |  |  |
| --- | --- | --- |
|  | **Member** | **Officer** |
| Athletic Training Association (LATA) | [ ]  | [ ]  |
| Exercise Science Club | [ ]  | [ ]  |
| Healthcare and Lifesciences Student Association | [ ]  | [ ]  |
| Physician Assistant Student Society (PASS) | [ ]  | [ ]  |
| Pre-Chiropractic Club | [ ]  | [ ]  |
| Pre-Med (AMSA and SOMA) | [ ]  | [ ]  |
| Pre-Med Chapter of American Medical Student Association and the Student Osteopathic Medical Association (AMSA and SOMA) | [ ]  | [ ]  |
| Pre-Occupational Therapy Club | [ ]  | [ ]  |
| Pre-Physician Assistant Club | [ ]  | [ ]  |
| Student Occupational Therapy Association (SOTA) | [ ]  | [ ]  |
| Student Physical Therapy Club | [ ]  | [ ]  |

**Professional Certifications**

## Please check all of the following for which you possess a ***current*** certification.

|  |  |
| --- | --- |
|  | **I am currently certified** |
| ACE Personal Trainer  | [ ]  |
| ACE Group Fitness Instructor  | [ ]  |
| ACSM Certified Personal Trainer | [ ]  |
| ACSM Certified Group Exercise Instructor | [ ]  |
| ACSM Certified Health Fitness Specialist | [ ]  |
| ACSM Certified Clinical Exercise Specialist | [ ]  |
| American Heart Association Advanced Life Support | [ ]  |
| American Heart Association Basic Life Support (BLS) | [ ]  |
| American Heart Association CPR & 1st Aid | [ ]  |
| American Heart Association EMS & Trauma | [ ]  |
| Certified Nursing Assistant (CNA) | [ ]  |
| CrossFit Coach | [ ]  |
| CrossFit Trainer (CCFT) | [ ]  |
| Direct Support Professional (DSP) | [ ]  |
| Disability Specialist Assistant | [ ]  |
| EMT Basic | [ ]  |
| EMT Intermediate | [ ]  |
| EMT Paramedic | [ ]  |
| ISSN Sports Nutrition Specialist | [ ]  |
| NASM Certified Personal Trainer (CPT) | [ ]  |
| NSCA Certified Special Population Specialist | [ ]  |
| NSCA Certified Personal Trainer | [ ]  |
| Physical Intervention Alternatives (PIA) | [ ]  |
| Physical Therapy Aid | [ ]  |
| Physical Therapy Assistant | [ ]  |
| Red Cross Advanced Cardiac Life Support | [ ]  |
| Red Cross AED | [ ]  |
| Red Cross Basic life Support | [ ]  |
| Red Cross CPR | [ ]  |
| Red Cross First Aid | [ ]  |
| Red Cross Lifeguarding | [ ]  |
| Red Cross Oxygen Administration | [ ]  |
| Red Cross Professional Rescuer | [ ]  |
| Red Cross Water Safety Instructor | [ ]  |
| Trained Medication Aid (TMA) | [ ]  |
| USA Track & Field | [ ]  |
| USA Weightlifting Sports Performance Coach | [ ]  |

## Fitness Class Instructor Certifications (other than those listed above).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **How many certifications** |  | **Issued by what organization or organizations?** |
| Aerobics/cardio |  |  |  |       |
| Fitness-dance (e.g., Zumba) |  |  |  |       |
| Martial Arts |  |  |  |       |
| Spinning |  |  |  |       |
| Strength/conditioning |  |  |  |       |
| Yoga |  |  |  |       |

**Experience**

## Please list up to five sites at which you have completed job shadows or clinical observations.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Site** |  | **How long did you participate in this activity?** |
| 1 |       |  |  |
| 2 |       |  |  |
| 3 |       |  |  |
| 4 |       |  |  |
| 5 |       |  |  |

## Please enter up to 20 positions you've held not including job shadows or clinical observations. These may be professional or volunteer. They may also be related or not-related to your major and/or future career goals.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Related to your major and/or future career goals** |  |  |
|  | **Your Job Title** |  | **Site Name** |  | **Yes** | **No** |  | **For how long did you have this position?** |
| 1 |       |  |       |  | [ ]  | [ ]  |  |  |
| 2 |       |  |       |  | [ ]  | [ ]  |  |  |
| 3 |       |  |       |  | [ ]  | [ ]  |  |  |
| 4 |       |  |       |  | [ ]  | [ ]  |  |  |
| 5 |       |  |       |  | [ ]  | [ ]  |  |  |
| 6 |       |  |       |  | [ ]  | [ ]  |  |  |
| 7 |       |  |       |  | [ ]  | [ ]  |  |  |
| 8 |       |  |       |  | [ ]  | [ ]  |  |  |
| 9 |       |  |       |  | [ ]  | [ ]  |  |  |
| 10 |       |  |       |  | [ ]  | [ ]  |  |  |
| 11 |       |  |       |  | [ ]  | [ ]  |  |  |
| 12 |       |  |       |  | [ ]  | [ ]  |  |  |
| 13 |       |  |       |  | [ ]  | [ ]  |  |  |
| 14 |       |  |       |  | [ ]  | [ ]  |  |  |
| 15 |       |  |       |  | [ ]  | [ ]  |  |  |
| 16 |       |  |       |  | [ ]  | [ ]  |  |  |
| 17 |       |  |       |  | [ ]  | [ ]  |  |  |
| 18 |       |  |       |  | [ ]  | [ ]  |  |  |
| 19 |       |  |       |  | [ ]  | [ ]  |  |  |
| 20 |       |  |       |  | [ ]  | [ ]  |  |  |

# Narrative Statement

## Each response must be limited to 2000 characters (including spaces).

**Question #1:** Why is the Exercise Science Program a good fit for you and what can you contribute to your industry if admitted?

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| --- |
|       |

**Question #2:** What insights into your intended profession have you gained from your practical experiences outside of classes?

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| --- |
|       |

**Please answer this third question ONLY IF YOU ARE REAPPLYING for admission (if this is your second application).**

**Reapplication Question:** How have you strengthened your credentials since your last application?

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|       |

Please check the boxes below to indicate that you've been informed of the following.

|  |  |
| --- | --- |
| [ ]  | I have been informed that admission is highly competitive and that not all qualified candidates are accepted. |
| [ ]  | I have been informed that students are strongly encouraged to have a contingency plan in the event they are not admitted. |

# Please Read Before Clicking the "Next >>" Button Below

## Double-check the information you've entered on this form before clicking the "Next >>" button below. Clicking the "Next >>" button will send your information to the ESS-Exercise Science Program Director. By submitting this application, you are indicating that the information herein contained is accurate to the best of your knowledge and that you accept the admission process established by the ESS-Exercise Science Program in the Department of Exercise and Sport Science, College of Science and Health, University of Wisconsin-La Crosse.