Department of Health and Exercise Science
Applicant Checklist

1. ___Submitted On-Line Application.

2. ___Application fee: to Office of Admissions.

3. ___Departmental graduate teaching assistantship form, if applying for a graduate teaching assistantship: send to the Department.

4. ___One set of OFFICIAL transcripts from ALL institutions attended (CSU excluded; Military non-credit courses excluded); send to Department.

5. ___Three (3) letters of recommendation on Department forms; send to Department.

6. ___Have the OFFICIAL GRE (general exam, only) scores sent to Colorado State University (use code #4075).

7. ___Have OFFICIAL TOEFL scores (if foreign application) sent to the Office of Admissions.

Addresses:

Colorado State University
Office of Admissions
1062 Campus
Fort Collins, CO 80523-1062

Graduate Director
Department of Health and Exercise Science
Colorado State University
1582 Campus Delivery
Fort Collins, CO 80523-1582
Colorado State University  
Department of Health and Exercise Science  
APPLICATION FOR GRADUATE ASSISTANTSHIP

Name________________________________________ List

the names and attendance dates of all institutions of higher learning you have attended: School

City and State Dates Degree Field

________________________________________________________

________________________________________________________

________________________________________________________

Undergraduate Grade Point Average: Cumulative _______ Last 2 years _______

Undergraduate honors, positions of leadership, and extracurricular activities:

________________________________________________________

________________________________________________________

________________________________________________________

Professional organizations to which you belong: __________________________

________________________________________________________

________________________________________________________

Experience: Indicate positions (teaching, coaching, camp counseling, etc.) ________

________________________________________________________

________________________________________________________

Athletic Experience: (State sport, position played, etc.) or Dance Performance Experience:

________________________________________________________

________________________________________________________

________________________________________________________
TEACHING QUALIFICATIONS:
Please be as specific as you can since high quality teaching is required in the department. The ability to perform, as well as teach the activity, should be considered in your self-evaluation.

• Rate as 1 your specialty as to possible teaching assignment.

• Rate as 2 the activities you can teach.

• Rate as 3 some experience in the activity.

• Rate as 4 if no experience.

Activity classes:

_____ Aerobics       _____ Conditioning       _____ Basketball
_____ Pilates         _____ Racquetball       _____ Volleyball
_____ Other (please list)

Laboratory experiences:

_____ Exercise Physiology       _____ Electrocardiograph       _____ Exercise Testing

Lecture-based classes:

_____ Chronic Disease TA       _____ Exercise Prescription TA       _____ First Aid/CPR**
_____ Weight Room Techniques       _____ Aerobics Techniques

** Must have current instructor certification

List the current instructors certification you possess (W.S.I., Instructor in C.P.R., Instructor in First Aid, Lifeguarding, ACE, ACSM, etc.):

1. __________________________
2. __________________________
3. __________________________
4. __________________________
Name of Applicant ________________________________

I have applied for admission and/or financial aid in a graduate program in Health and Exercise Science at Colorado State University. Would you please complete this form and return it to the address below at your earliest convenience. I waive my right of access to this confidential evaluation.

Applicant’s Signature Date

1. How long have you known the applicant? 1-2 yrs ____; 3-4 yrs ____; Over 4 yrs ____.
2. In what capacity do you know the applicant? student ______; employee ____; friend____; or family member _________.
3. How well do you know the applicant? very well____; better than average ________; not very well ______; or not at all _________.
4. How would you rank the candidate in the following areas in comparison with other students you have taught or other persons you have worked with or supervised?

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<th>Ability to perform in graduate level course work.</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No basis for Judgment</th>
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<tr>
<td>Leadership potential (such traits as insight, willingness to assume authority, initiative, security, judgment, willing to make decisions).</td>
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<td>Professional experience (such traits as relating to people, motivating, competent).</td>
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<td>Personal attributes (such traits as self-confidence, integrity, enthusiasm, stability, ambition, sensitivity, persistence, tact, tolerance, friendliness, adaptability, assertiveness, alertness).</td>
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<td>Writing ability.</td>
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<td>Speaking ability.</td>
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<td>Work experience.</td>
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<td>Academic preparation.</td>
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<td>Perseverance to complete a graduate program.</td>
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<td>Basic science background (chemistry, mathematics, anatomy, physiology).</td>
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<td>Potential ability as a researcher.</td>
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</table>
5. How would you rate the candidate's overall ability to do master’s level graduate work in Health and Exercise Science? outstanding _____; above average _____; average _____; below average _____; no basis of judgment ____________. 

6. In summary, I strongly recommend __; recommend __; recommend with reservation __; do not recommend ______; this applicant for graduate work at Colorado State University.

7. Please add any comments that will assist us in evaluating this applicant for graduate study. (Attach a separate sheet if desired.)

Name of Recommender ____________________________________________________________

Address ________________________________________________________________
(street) (city) (state) (zip code)

Recommender’s Signature ___________________________________________________________

Title/Position _________________________________________________________________

Telephone Number __________________ email: ________________________________

DO NOT RETURN THIS FORM TO THE APPLICANT

Please return completed form to: Graduate Program Director
Department of Health and Exercise Science
1582 Campus Delivery
Fort Collins, CO 80523-1582