Armstrong Atlantic State University

College of Health Professions
Sports Medicine
Letter of Intent

Name ____________________________________________

Academic Unit ____________________________________

Term of Admission (check one): ___ Fall ___ Spring ___ Summer _______ (Year)

- Please provide an autobiographical statement that addresses the following topics:

  (A) Why have you chosen to attend graduate school at this time?

  (B) Describe any experience (e.g. Community, church, civic work or projects with a service agency) that may help you in your work with individuals from culture or lifestyles very different from your own?

  (C) What are your immediate, long range and special career goals?

- The Letter of Intent should conform to the following formatting restrictions:

  1-2 pages, double spaced, 12 pt. serif font, with standard 1-inch margins.

Please submit completed Letter to:

Graduate Enrollment Services
Armstrong Atlantic State University
Victor Hall, Second Floor
11935 Abercorn Street
Savannah GA 31419
Phone: (912) 344-2798 Fax: (912) 344-3488

06/2010