University of Nebraska at Omaha
Athletic Training Program

Deficiency in Progress Report

Instructor, please fill out and return by February 15th, 2016 for student to be eligible for admission.

Return Completed Form:

1) By mail to:
Athletic Training Admission Committee
School of Health, Physical Education and Recreation
University of Nebraska at Omaha
6001 Dodge Street
Omaha, NE 68182-0216

2) By Fax to:
402-554-3693 (Attention: Athletic Training Admission Committee)

3) Or in sealed envelope to student applicant

____________________________ (name of student) has applied to the Athletic Training Program at the University of Nebraska at Omaha. This is a competitive admission program in which GPA and grades in prerequisite classes are used as partial criteria for admission. This student is taking a class from you to satisfy the prerequisite requirements for admission to our program. Students must attain a "C" or above in all prerequisite classes to be eligible for admission to our program. Our applications are due January 15th therefore a final grade for this course will not be available. It would be helpful for us have an indication of how the student is doing in your class at this time. Final grades will be verified with official transcripts before the student is formally admitted to our program. Please indicate the student's grade as of this date. Please also indicate the approximate percentage of the total grade that this mid-term grade is based. This form may be mailed or FAXed directly to the Admission Committee, or returned to the student in a sealed envelope. If you have any questions, please feel free to contact Melanie McGrath, PhD, ATC: (402) 554-3252 or melaniemcgrath@unomaha.edu. Thank you for your assistance.
University of Nebraska at Omaha
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Course Name: ________________________________

Credit Hours: ______________

Current Grade: ________________

Current grade based on % of total course grade: ________%

Comments:

Printed or typed name of instructor: ________________________________

Position: ____________________________________

College or University: ____________________________________________

Please print this form, sign and date it and return it to the address or fax number above.

_________________________    ______________________
Signature                    Date