

Athletic Training Student Agreement

ATHLETIC TRAINING STUDENT AGREEMENT

I, _____ (student's name) accept the following agreements as a condition of my acceptance as an Athletic Training Student at MARQUETTE UNIVERSITY.

Agreements (initial each):

____ I agree to a minimum of 10 hours/week in the clinical athletic training setting.

____ I agree to, under the direct supervision of a CI, travel with teams and, with prior approval, miss classes as the athletes do when necessary. I understand these will be excused absences and that I am responsible to make arrangements to get notes and complete class assignments.

____ I agree to adjust my schedule to work weekends, holidays, or at other times when school may not be in session when under the direct supervision of a CI.

____ I agree to abide by the Code of Ethics for Athletic Training Students and understand that failure to do so will subject me to disciplinary procedures.

Signature of Student _____ Date _____

Accepted by: _____ Date _____

(Signature of Program Director)