

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