## **Sport Management Lifetime Activity Program (LAP) Application for Departmental Graduate Teaching Assistantship**

Please complete the following form and return to: Department of Sport Management

Florida State University 1002 Tully Gym

Tallahassee, Florida 32306-4280

Fax# (850) 644-0975 or email to sportmanagement@fsu.edu

Note: All graduate students speaking English as a second language will be required to successfully pass the SPEAK examination with a minimum score of 45 as a condition of appointment to a graduate teaching assistantship position. http://cies.fsu.edu/SPEAK%20Test%20Information.htm

Name:		<del> </del>			
Last		First		Middle	
Current Address:					
	Street				
City	St	ate	Zip	Country	
Home phone:		Cell phone:			
E-mail Address:					
Permanent Address:					
2 2211111111111111111111111111111111111	Street				
City	St	ate	Zip	Country	
I am a: Florida F	Resident: O	ut-of-State:	_ International:		
	GRADUAT	E SCHOOL	STUDY PI	LANS:	
Degree(s) Sought at 1					
Major (Please check)	): Sport Managemo	ent Othe	r (specify)		
Semester and Year o	f Expected Entry (	or actual start date	):		
Have you applied for	admission at FSU	? (Yes / No)	If yes, when	?	
7 11		, ,	,		
ADMINISTRATI Degree(s) Sought:		Ph.D	_		
Major: Sport Mana	agement	Other.			
Class Assignment:					
					Revie

## SPORT PARTICIPATION / PLAYING EXPERIENCE

List below the sports / activities that you have participated in or played, indicate the total duration that you have participated in or played each sport, and the level(s) at which you participated in or played the sport / activity (e.g. recreational, high school junior varsity, high school varsity, college club, college varsity, professional, etc).

	Du	ration (Years)	Level(s)
Sport / Activity Honor	's Received:		
COACHI	NG / ACT	TVITY LEADE	ER EXPERIENCE
List below any coachir	ng or activity lead	er experiences that you have	e had, indicate the level of coaching
(e.g. to children, high school	ol students, college st	udents, professional, etc), and it	ndicate the type of appointment (e.g.
volunteer, part-time or full			
<b>T</b>	T1.	T7	A
Experience:	Level:	Years of Experience:	Appointment Type:
Experience: (BE SPECIFIC)	Level:	Years of Experience:	Appointment Type:
_	Level:	Years of Experience:	Appointment Type:
_	Level:	Years of Experience:	Appointment Type:
_	Level:	Years of Experience:	Appointment Type:
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_	Level:	Years of Experience:	Appointment Type:
_	Level:	Years of Experience:	Appointment Type:
_	Level:	Years of Experience:	Appointment Type:

## TEACHING / COACHING EXPERIENCE

ACTIVITY	Teaching/Coaching Experience			SKILL EXPERTISE		Interest	
	TAUGHT BEFORE?	Level	Teaching Expertise		Years of experience as a participant in activity	Skill Level:	Teaching
	(Y) Yes	(1) Elementary	(0) None	<b>Years</b> of		(0) None	(0) None
	(N) No	(2) High School	(1) A little (ex. helping friends or teammates)	experience coaching		(1) A little (ex. playing for fun)	(1) A little
		(3) College	(2) Some (ex. assistant team coach)	and/or teaching:		(2) Some (ex.league, non- varsity team experience)	(2) Some
		(4) Adult	(3) A lot (ex. Head coach or personal trainer)			(3) A lot (ex. Varsity or pro experience)	(3) A lot
Aerobic Conditioning							
Aerobic Dance							
Basketball							
Billiards							
Bowling							
E-Sports/Gaming							
Fencing							
Flag Football							
Golf							
Pickleball							
Outdoor Games							
Self Defense / Martial Arts							
Soccer							
Stretching / Relaxation							
Tennis							
Ultimate Frisbee							
Volleyball							
Walking for Fitness							
Weight Training							
Other Sport / Activity (Please Specify)							
	4:C	4					

**Special abilities and certifications:** 

(e.g. Red Cross Water Safety Training, Aerobic Certification)	ation, Yoga Certification, Martial Arts Training /
Certification, etc.)	