APPLICATION FOR ADMISSION



PGA Golf Management Program College of Business University of Central Oklahoma 100 N. University Drive, Box 115 Edmond, OK 73034



Date

Phone: (405) 974-5247 Fax: (405) 974-3821 rphelps@uco.edu

UCO Identification #					
First Name:		Middle Initia	ıl: L	Last Name:	
Address:					
				ZIP:	
Email:				ne:	
DOB	_ Male □	Female	US Citizen	or Resident Alien? Yes □ No □	
Emergency Contact:		Relation	nship:	Phone #	
Emergency Contact Addre	ess				
following information r	nust accompa	ny this form (inco	mplete applica	nistration, Room 117. The ations will not be accepted):	
	•	Letter or Current U	•		
_	_		the UCO PGA	A Golf Management Program"	
(Letter must be t					
			and accomplish	hments (Golf team, all-	
conference, golf-					
	•	•		orm <u>and</u> signed letter from your	
		A golf professional	verifying a 12	or less handicap.	
5. **Attempt a PG		•			
6. Citizenship Requ					
			•	ordinator (In person or by phone).	
		hly recommended. St quired to attempt a F		without attempting a PAT prior to rst semester.	
•	orities and real	lize dishonesty is u	nacceptable be	ity rules and regulations made by havior. Dishonesty will not be the University.	
Applicant's Signature				Date	
For Office					

Admitted By

Use Only