Master of Athletic Therapy
Department of Kinesiology
Faculty of Applied Health Sciences

Brock University
Niagara Region
1812 Sir Isaac Brock Way
St. Catharines, ON
L2S 3A1 Canada
brocku.ca

Master of Athletic Therapy
Prerequisite Course Confirmation Form

Name:	
Current/Previous Institution(s):	
Brock Campus ID (e.g. ab12cd)**:**	

This form is used to review the prerequisite coursework for applicants to the Master of Athletic Therapy program at Brock University. Please use the sections below to detail the prerequisite courses you have completed, are currently completing, or plan to complete before the start of the program.

PREREQUISITE COURSE INFORMATION

Prerequisite	Completed	In Progress	Course Title	Course Code	Institution	Final Grade (if completed)
Human Anatomy	☐	☐				
Human Physiology	☐	☐				
Biomechanics	☐	☐				
Exercise Physiology	☐	☐				
Nutrition	☐	☐				
Psychology	☐	☐				
Motor Control or Learning	☐	☐				

☐ **By checking this box, I certify that the information provided in this document is accurate and complete. I understand that admission to the Master of Athletic Therapy program is conditional upon the successful completion of all prerequisite courses.**

Date: _____

How did you hear about Brock's Master of Athletic Therapy program?

☐ University website ☐ Academic advisor ☐ Certified Athletic Therapist
☐ Faculty/Staff member ☐ Current student/alumni ☐ Sports Medicine Professional
☐ Graduate Fair ☐ Recruitment Event ☐ Social Media
☐ Other (please specify): _____