

# 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>

Date of Application (Today's Date): \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Current Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip Country*

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip Country*

I am a: Florida Resident: \_\_\_\_\_ Out-of-State: \_\_\_\_\_ International: \_\_\_\_\_

### GRADUATE SCHOOL STUDY PLANS:

Degree(s) Sought at FSU (Please check): Masters (M.S.) \_\_\_\_\_ Ph.D. \_\_\_\_\_

Major (Please check): Sport Management \_\_\_\_\_ Other (specify) \_\_\_\_\_

Semester and Year of Expected Entry (or actual start date): \_\_\_\_\_

Have you applied for admission at FSU? (Yes / No) \_\_\_\_\_ If yes, when? \_\_\_\_\_

#### ADMINISTRATIVE USE

Degree(s) Sought: Masters (M.S.) \_\_\_\_\_ Ph.D. \_\_\_\_\_

Major: Sport Management \_\_\_\_\_ Other. \_\_\_\_\_

Class Assignment: \_\_\_\_\_

## 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).

*Sport / Activity*

*Duration (Years)*

*Level(s)*

<i>Sport / Activity</i>	<i>Duration (Years)</i>	<i>Level(s)</i>

*Sport / Activity Honors Received:*

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## COACHING / ACTIVITY LEADER EXPERIENCE

List below any coaching or activity leader experiences that you have had, indicate the level of coaching (e.g. to children, high school students, college students, professional, etc), and indicate the type of appointment (e.g. volunteer, part-time or full-time).

*Experience:*

*Level:*

*Years of Experience:*

*Appointment Type:*

(BE SPECIFIC)

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## TEACHING / COACHING EXPERIENCE

ACTIVITY	Teaching/Coaching Experience				SKILL EXPERTISE		Interest in Teaching
	TAUGHT BEFORE?	Level	Teaching Expertise	Years of experience coaching and/or teaching:	Years of experience as a participant in activity	Skill Level:	
	(Y) Yes	(1) Elementary	(0) None				
	(N) No	(2) High School	(1) A little (ex. helping friends or teammates)			(1) A little (ex. playing for fun)	(1) A little
		(3) College	(2) Some (ex. assistant team coach)			(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							
Indoor Games							
Outdoor Games							
Self Defense / Martial Arts							
Soccer							
Stretching / Relaxation							
Tennis							
Ultimate Frisbee							
Volleyball							
Walking for Fitness							
Weight Training							
Other Sport / Activity (Please Specify)							

### Special abilities and certifications:

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