



Admission Application

Please answer all questions completely and return to the Professional Golf Management Office.

Please type or print clearly.

Name _____ Nick Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email _____ Date of Birth _____

Gender (circle one)

Male

Female

Name of Parent, Guardian or Spouse (circle one)

Name _____

Address _____

City _____ State _____ Zip _____

Type of Admission (circle one)

Freshman

Transfer

High School _____ Graduation Year _____

ACT / SAT Score _____ High School GPA _____ USGA Handicap _____

Competitive Scoring Average _____

When are you planning a campus visit / interview? _____

Have you applied for admission into the University ? (circle one) Yes No

If No, remember that you must be accepted by the University prior to accepted into the Professional Golf Management Program.

Applicant Signature

Date

Return To:
Director of Recruiting / PGM
5400 Ramsey Street
Fayetteville, NC 28311