METHODIST UNIVERSITY

5400 Ramsey Street, Fayetteville, NC, 28311 • 910.630.7148

Handicap Verification and Recommendation Form

Student Name					
Street Address					
City			_State	Zip_	
Home Phone () Cell Phone ()					
USGA Handicap		GHIN#			
I have completed the PG. If yes, please note date as					
Student Si	gnature		D	Date	
It is with great pleasure that I Program at Methodist Universi- character. His/her interest for industry. On behalf of this stu- athlete for admission to your p well as a top golf managemen Please to	sity. He/she is a golf is evident ident, it is a plea program. I truly t student, please	an outstanding in and wants the o asure to be able / believe he/she	ndividual, stude pportunity to pu to recommend will be a great j stact me with an	ent, and athlete ursue a career such an excep presence on yo ny questions yo	with admirable in the golf tional student- our campus, as
PGA Professional High School Golf Co				ol Golf Coad	ch**
(Print Name)			(Print Name)		
(Signature)	(Date)		(Signature)		(Date)
(Name of Golf Course)			(Name of High S	chool)	
(Phone Number-PGA Professional)		5 8	(Phone Number-)	High School Golf	Coach)
** If Handicap is signed by th with C		Golf Coach, you ope, and Rating			at 20 scores along
	Please s	end via email o	r mail to:		

PGA Golf Management Admissions, Methodist University 5400 Ramsey Street, Fayetteville, NC 28311 Email address: <u>brwhite@methodist.edu</u>

