



PGA Golf Management Admissions Application

Thank you for your interest in the PGA Golf Management Program at Campbell University. Please take a moment to complete and review the application below.

Name:		Preferred Name:	
First	Last		
Date of Birth:		Gender:	
Address:			
Street A	ddress		
City, Sta	ate / Province / Region Postal / Zip Coo	de / Country	
Email:			
Home Phone:()	Mobile Number:	
Are you a US Citize	n? Yes / No If No, what	is your country of citizenship?	
Parent/Guardian Na	ame(s):		
Parent/Guardian Ph	none(s):()	()	
Parent/Guardian Eı	nail:		
Anticipated Start Date:		Type of Admission: Fresh. / Soph. / Transfer	
If you are transferri	ng, approximately how ma	ny hours are you transferring with?	
High School Name:		Graduation Year	
		MM/DD/YYYY	





PGA Golf Management Admissions Application (cont.)

High School	ool SAT / ACT Score:	
Please provi	vide each score separately for the Math, Verbal, and Written sections of	of the SAT.
Example:	Math-500 Verbal-600 Written-500	
High School	ool GPA: USGA Handicap: _	
Competitive	ve Scoring Average:	
Dloogo list o	any honors or awards you would like us to know about:	
Piease iist a	any nonors or awards you would like us to know about:	
Have you ev	ever visited Campbell University's campus? Yes / No	
If not, please	se call (910) 814-4746 to speak with a PGA Golf Management staff member o	and to schedule a campus visit.
Have vou ai	applied for admission to Campbell University? Yes / No	
	e admitted to Campbell University prior to being admitted to the PGA Golf M	lanagement Program.
Dlagge ligt o	any other PGA Golf Management programs you are considering.	
i icase iist a	any other 1 GA Gon Management programs you are considering.	





PGA Golf Management Handicap Verification Form

(Note) A maximum handicap of 12 is allowable for enrollment into the PGA Golf Management Program.

GHIN Card	Im	age Field
hereby apply for admission to Campbell	University PGA Golf Manag	ement beginning 20
FALL SPRING		
Student Name:		
First	Last	MI
Mailing Address:		
Street Address		
C4.	C4-4	Zip:
City:	State:	Zip
•		-
City: Telephone: GHIN	Email:	
Telephone:	Email:	Handicap Index:
Felephone:GHIN Home Course Handicap:GHIN Golf Course Name:	Email: #:	Handicap Index:
Telephone: GHIN Home Course Handicap: GHIN Golf Course Name:	Email: #:	Handicap Index:
Telephone:GHIN Golf Course Name:	Email: #:	Handicap Index:
Telephone: GHIN Home Course Handicap: GHIN Golf Course Name: Course Address: Street Address	#:	Handicap Index:
Telephone: GHIN Home Course Handicap: GHIN Golf Course Name:	#: State:	Handicap Index:

Return to: Campbell University – PGA Golf Management Program – PO Box 218 – Buies Creek, NC 27506

^{*}I hereby verify the stated handicap reflects this individual's current playing ability.

^{**}Please attach a copy of your most recent handicap information to this verification form.