



PGA
Golf Management

PGA Golf Management Admissions Application

Name: _____ Preferred Name: _____
First Last

Date of Birth: _____ Gender: _____

Address: _____
Street Address

City, State / Province / Region Postal / Zip Code / Country

Email: _____ Home Phone: ____ (____) _____

Mobile Number: _____ Can we text you? Yes / No

Are you a US Citizen? Yes / No If No, what is your country of citizenship? _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): ____ (____) _____ (____) _____

Parent/Guardian Email: _____

Anticipated Start Date: _____ Type of Admission: Fresh. / Soph. / Transfer
MM / YYYY

If you are transferring, approximately how many hours are you transferring with? _____

High School Name: _____ Graduation Year _____
MM / DD / YYYY

Have you ever visited Campbell University's campus? Yes / No

If not, please call (910) 814-4746 to speak with a PGA Golf Management staff member and to schedule a campus visit.

Have you applied for admission to Campbell University? Yes / No

You must be admitted to Campbell University prior to being admitted to the PGA Golf Management Program.

Please list any other PGA Golf Management programs you are considering.



CAMPBELL
UNIVERSITY



PGA
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PGA Golf Management Handicap Verification Form

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

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

I hereby apply for admission to Campbell University PGA Golf Management beginning 20_____.

☐

FALL

☐

SPRING

Student Name: _____
First Last MI

Mailing Address: _____
Street Address

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

*Have you already passed the PGA Playing Ability Test Yes / No PGA ID # _____

PAT Host Facility: _____

Target Score: _____ Your Score: _____ Date: _____

Home Course Handicap: _____ GHIN #: _____ Handicap Index: _____

Golf Course Name: _____

Course Address: _____
Street Address

City: _____ State: _____ Zip: _____

**PGA Professional or High School Golf Coach: _____
First Last

As this individual's PGA Professional or High School Golf Coach, I hereby verify the stated handicap reflects this individual's current playing ability and recommend him/her for admission to Campbell University's PGA Golf Management Program

Signature: _____ Date: _____

*Successful completion of the Playing Ability Test target score is evidence of the maximum handicap requirement being met for acceptance.

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

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