

Winona State University

Health Coaching Program Application Form

***Please submit application to the HERS Department Office by November 7th, 2016

Important. All information you provide is confidential and will be used by the Health Coaching Program only for application review purposes.

Part I: Personal Information		
Name	University ID#:	
Permanent Address		
Local Address		
Cell Phone #	Email:	
Part II: Application Information		
Major:	Advisor:	
Current Overall GPA:	Semester Credits Completed and In Progress:	
Transfer students:		
College/University:	Dates:	Number of Credits:
Faculty references:		
Name	Department :	Relationship:
1.		
Part III: Program requirements		
Do you have at least 3 semesters left on campus prior to your internship or graduation?		
YES NO		
Part IV: Cover Letter		
<p>Attach a single-spaced cover letter/letter of application stating the student's qualifications to be part of the program, why the student wishes to enroll in the Health Coaching Program, and a summary of what the student can add to the program.</p>		

Part VI. Signature

I give my permission to the department to maintain all application materials as part of a file should I be accepted into the program.

Signature of Applicant

Date

- After the Health Coaching faculty and Directors has reviewed your application, they may contact you to set up an informal interview as the next step in the application process.

