

FLORIDA GULF COAST UNIVERSITY
PGA Golf Management, Sugden Hall Suite 238
10501 FGCU Boulevard South, Fort Myers, Florida 33965-6565

LIMITED ACCESS APPLICATION for PGA GOLF MANAGEMENT PROGRAM

Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Telephone: _____

E-mail: _____

I am planning to attend FGCU in the: (circle one): Fall 2008 Fall 2009 Fall 2010

I understand that FGCU's PGA Golf Management program includes three key elements:

1. An undergraduate degree in PGA Golf Management
2. Sixteen (16) months of supervised internships at various locations throughout the country
3. Completion of all three levels of the PGA/PGM program and the PGA's Playing Ability Test

_____ Initials

I certify that the information furnished in this application is true and complete to the best of my knowledge. I understand that subsequent determination that the information is otherwise will be sufficient cause for refusal or withdrawal of admission or dismissal from the program.

(PRINT APPLICANT'S NAME)

(Original Signature of Applicant)

Dr. Steve Eisenberg, Director PGM

Date

PGA Golf Management Program applicants must also provide evidence of a 12 or lower handicap. Please fill out this application and return it with the "Handicap Verification Form" and required documents (as stated on page 2).

Part 2 of LIMITED ACCESS APPLICATION FORM
FGCU PGAGOLF MANAGEMENT PROGRAM
HANDICAP VERIFICATION FORM

PGA Golf Management applicants must provide evidence of a 12 or lower handicap.
In addition to completing this form, you will need to attach one of the following:
(a) copy of USGA Handicap Card, or
(b) written letter from a PGA of America Professional, or
(c) written letter from a High School Golf Coach

PGM Applicant's name: _____

(Last, First, Middle)

Address: _____

Email: _____

Phone: _____

THIS MUST BE INCLUDED WITH YOUR PGM Application WITH ONE OF THE FOLLOWING:

My Handicap is: _____ can be verified one of three ways:

_____ USGA Handicap Card (**Copy of actual card must accompany this letter**)

_____ Written letter * from a PGA of America Professional (**please attach**)

_____ Written letter * from a High School or College Golf Coach (**please attach**)

NOTE – *written letter must include the following:

- Name of PGA of America member / High School or College Golf Coach
- Place of employment with address and telephone number of the above
- Statement that you demonstrate ability to play at or better than a 12 handicap

Student Signature: _____ Date: _____

Director of PGM Program: _____ Date: _____

RETURN THIS COMPLETED HANDICAP VERIFICATION FORM TOGETHER WITH SUPPORTING DOCUMENTS AND THE PGA GOLF MANAGEMENT APPLICATION. MAIL ALL FORMS DIRECTLY TO: PGA Golf Management, SH Suite 238, 10501 FGCU Blvd. South, Fort Myers, FL 33965