



FLORIDA GULF COAST UNIVERSITY
Limited Access Application for PGA GOLF MANAGEMENT PROGRAM

First: _____ Last: _____ MI/suffix: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

United States Citizen: Yes No *If No, are you a Resident Alien:* Yes _____ Country _____

Passed PAT: Yes No *If attempted or passed, date & Customer #* _____

I am planning to attend FGCU in the: FALL _____ (enter year) or other _____

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

1. A (4 - 4.5) year undergraduate degree in PGA Golf Management
2. Sixteen (16) months of supervised internships at various locations throughout the country.
3. Completion of all three education levels of the PGA/PGM program and the PGA's Playing Ability Test (PAT) prior to graduation.

I certify that the information furnished in this application is true and complete to the best of my knowledge and agree to above three (3) requirements. 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)

 Date

Please print the documents and provide signatures. Send both pages via EMAIL, MAIL, or FAX to:

Florida Gulf Coast University
 PGA Golf Management Program - Director
 Sugden Hall Suite 238
 10501 FGCU Boulevard South, Fort Myers, Florida 33965-6565
 Fax: 239-590-7863 *email: tmckenna@fgcu.edu*



PGA Golf Management Program
HANDICAP VERIFICATION FORM

Print Applicant's Name: _____

USGA Handicap Index: -OR- Average 18-Hole Score:

Student Signature: _____ Date: _____

**Please use ONE of the three options to verify that your handicap is 12 or less:
(check one)**

- A copy of an official Handicap Card IS ATTACHED.
- OR
- A signature from a Class "A" PGA Professional in good standing
- OR
- High School Coach is verifying my handicap *(please provide transcript of 8 scores)*

Your signature below confirms the handicap of the applicant noted on this form is accurate and true.

PGA Professional

High School Golf Coach

PGA ID#: _____
(Print Name)

(Print Name)

Signature

Signature

Name of Facility

OR

Name of High School

Phone Number – PGA Professional

Phone Number – High School Coach

Email – PGA Professional

Email – High School Coach

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PGA Golf Management – Director
Sugden Hall Suite 238
10501 FGCU Boulevard South
Fort Myers, FL 33965-6565
Fax: 239-590-7863 email: tmckenna@fgcu.edu

Director of PGM Program: _____ Date: _____