



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.

Completed by PGAPGM office:

Applicant meets all criteria set forth by
 PGA of America as received _____/_____/_____

(PRINT APPLICANT'S NAME)

 Tara M. McKenna, Director
 PGA Golf Management Program

(Original Signature of Applicant)

 Date

 FGCU Admission's Decision on ___/___/___

 FGCU UIN # _____

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

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

Florida Gulf Coast University
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: _____