

**APPENDIX N**  
**Sports Medicine and Human Performance Department**

***PDP Application Form***

Student Name: \_\_\_\_\_

Organization/Site: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Event/Activity: \_\_\_\_\_

Date(s): \_\_\_\_\_

Brief Description (required):

Explain what Departmental Outcome this activity meets and why. Outcome Number: \_\_\_\_\_

Exposure Time: \_\_\_\_\_

Complete in numerical order:

1. Contact Person (signature): \_\_\_\_\_ Date: \_\_\_\_\_
2. Advisor (signature): \_\_\_\_\_ Date: \_\_\_\_\_
3. SPEC representative (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Note: If off-campus social justice & inclusion event, pre-approval signature required of member of that committee:

- Social Justice and Inclusion Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please attach a copy of literature (if available).

Reminder: There is no guarantee that PDP's will be awarded.

**PLEASE KEEP THIS FORM (tan) AS PROOF OF PDP's EARNED and upload to PLATO**

#PDP'S Earned \_\_\_\_\_ Date: \_\_\_\_\_

Academic                      Clinical                      Professional                      Social Justice & Inclusion