



## **College of Business**

**Student's Name** 

City, State, Zin

Address

Department of Marketing, PGA Golf Management Program MSC PGM, New Mexico State University P.O. Box 30001, Las Cruces, NM 88003-8001 575-646-2814, fax: 575-646-1467

## PGA GOLF MANAGEMENT PROGRAM CONFIRMATION OF PLAYING ABILITY

Potential students are required to submit a golf handicap verification, along with their program application, in order to be considered for admission into the PGA Golf Management Program at New Mexico State University. Golf handicaps can be submitted in one of three ways.

- 1) Students can submit a copy of their approved handicap (i.e. GHIN)
- 2) Students can fill out the form below and have a PGA Professional provide signature verification that the student has provided us with an accurate handicap index.
- 3) If a student has successfully completed the Playing Ability Test prior to applying to the university, they can provide verification below.

City, State, Zip				
Phone: (cell, home)				
E-mail Address				
USGA Handicap Ir	dex			
By signing this form I am confi	ming the handicap shown above	e to be accurate and true.		
PGA Professional's Printed Nar	ne:			
PGA Professional's Signature:		Date:		
PGA Professional's PGA ID #:	·			
**If student has successfully c	ompleted the PAT, please prov	vide the following inform	ation:	
Date PAT Passed:	Golf Course:	City:	State:	