

Sydney and J.L. Huffines Institute of Sports Medicine and Human Performance
Student Member Status Application Form

Directions: Fill out the text boxes below. When complete, save as a pdf with the title
"your_last_name"_Huffines_Student_App.pdf and submit to Huffines@tamu.edu.

Name _____ Phone # _____ Date _____

E-mail: _____ Graduate Program: _____

Year in Program? (e.g. third year Doctoral Student): _____

Name of Graduate Advisor (must be a Huffines Affiliate member): _____

How will you contribute to the mission of the Huffines' Institute?

Required Signatures:

Student Member Applicant Signature

Printed name of Applicant

Advisor Signature

Printed name of Advisor

FOR INSTITUTE USE ONLY:

Signature of approval: _____ Date: _____

***Our mission: to be the bridge between scientists, practitioners,
and the lay public in all aspects of sports medicine and human
performance, with a particular focus on athletic performance.***

