BENEDICTINE UNIVERSITY DIETETIC INTERNSHIP

 DI Preselect Application for Match in Fall of \_\_\_\_\_\_\_ (year of MS/DI start)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) (Apt. #)

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Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Street) (Apt. #)

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Last 4 digits of SS Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foreign Applicants: Immigration Status \_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Date Baccalaureate Degree will be conferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Date AND Minimum Academic Requirements will be completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Education:

List all colleges and universities attended, list most recent first.

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| --- | --- | --- | --- | --- |
| School | Address(City/State) | Dates | Degree | Overall GPA |
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3. DPD & Supporting Courses\*:

List the semester and year when you completed or anticipate completion for each of the courses required to meet DPD. Also indicate the grade earned or whether in progress (IP). If you have completed courses at institutions other than Benedictine please indicate the institution and course that was transferred in to fill these requirements.

GPA Conversion (use to determine grade points earned):

|  |  |
| --- | --- |
| A  | 4 |
| A- | 4 |
| B+ | 3 |
| B  | 3 |
| B- | 3 |
| C+ | 2 |
| C  | 2 |
| C- | 2 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course | Semester/Year | Grade or IP | No. of Credits | Grade Points Earned |
| Example: Anatomy & Physiology 1 (BIO 201) | FA20 | B+ | 3 | 9(multiply points/credit by no of credits) |
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Total Credits: \_\_\_\_\_\_\_\_\_\_\_\_\_

Total Grade Points Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_

 GPA\*:

 \*(To calculate DPD + Support Courses GPA, divide the total grade points by the total credits)

4. Work (paid & volunteer) and observational experience related to Dietetics:

List all experience related to the field of dietetics, beginning with most recent experience. Include paid, volunteer and related observational experiences; indicate if experiences were paid or volunteer. You may insert additional rows.

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| --- | --- | --- | --- | --- |
| Place of Employment | Name and Title of Supervisor | Dates & Hours/Week | Paid/ Volunteer | Position, Title & Responsibilities |
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Other work experience:

List all other work experience, beginning with most recent experience. Indicate if experience was paid or volunteer. You may insert additional rows.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place of Employment | Name and Title of Supervisor | Dates & Hours/Week | Paid/ Volunteer | Position, Title & Responsibilities |
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5. Honors, extracurricular/volunteer activities:

List organizations, appointed or elected offices, scholarships, and honors received. You may insert additional lines. Include dates/years of involvement and level of participation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Professional Organization Memberships:

List professional organizations of which you are a member

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7. Personal Statement:

Provide a single spaced, typed letter addressed to the DI Director, no more than two pages in length attached to the application Form. It should include the following: reason for applying to the Benedictine University DI, personal and professional achievements, short and long-term goals, and strengths and weaknesses.

8. Transcripts:

Include an official copy of a transcript from each college/university attended. Please include official transcripts in application package. Please notify DI Director if transcript was sent directly by mail or email.

9. AND Declaration Intent Form or DPD Verification Form- obtained from DPD Director.

Attach to Application Form behind the Personal Statement.

10. Provide 2 letters of reference (work, volunteer and/or faculty. If faculty, you should ask faculty outside of the undergraduate Nutrition Program)

All students who meet the established criteria may apply. The acceptance decision will be made by the Dietetic Internship Director and a nutrition faculty committee. The acceptance decision is specific to the particular year of entry you entered on page 1 of the application.

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I understand that all qualified students may not be selected for this program because of the limited number of slots available. If not selected for pre-match, I understand that I may still apply to the Benedictine MS/DI or other programs through DICAS during their senior year, or upon completion of all DPD requirements. The selection decision made by the DI Director and committee is final and I agree to abide by it.

I understand that I must maintain my eligibility for the DI Program throughout their college career or I will lose my position in the program. I agree that if selected for this program, I will make every effort to maintain my eligibility. I understand that my selection into the DI Program is contingent upon my completing requirements of the BenU DPD program. Failure to maintain eligibility for the DPD program disqualifies one from eligibility for the DI Program.

Should I decide to withdraw from the MS/DI pre-match option at any time, I will notify my faculty advisor and the BenU DI Director in writing immediately.

Student Signature Print Date

Submit application packet to: Dr. Millikan at jmillikan@ben.edu