



University of
Southern Indiana

College of Nursing and Health Professions

**Food and Nutrition
Dietetics Program**

8600 University Boulevard
Evansville, Indiana 47712

812/464-1708 or Toll Free 877/874-4584
health.usi.edu

Dietetics Program Admission Application

USI Student ID Number _____ (Not your Social Security number)

Name _____
Last First Middle Maiden Name

Current Address _____

City _____ State _____ Zip Code _____

Current Phone Number (_____) _____ - _____ Email _____

Permanent Address (if different from above) _____

City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____

(Mandatory disclosure of Social Security number is required due to the Zachary Law.)

Post Secondary Education (Since high school)

Dates		Name of Institution	City and State	Major	Credential Earned (Diploma, Certificate, Degree)	GPA
From	To					

Official transcripts of high school or GED scores and all post high school education must be submitted to the Office of Admission, 8600 University Boulevard, Evansville, IN 47712.

Employment History (List present or most recent employment first.)

Dates		Title of Position	Employer	City and State
From	To			

Community Activities: List community organizations, board memberships, offices held, and professional activities that serve the community. Include activities during the last three years.

Organization/Association	Description of Duties	Dates

Attach any additional listing of community activities to the application.

Check the information appropriate to your application. (Check all that apply)

Currently enrolled at USI Previously enrolled at USI Have college credit from another college/university

If accepted, when do you plan to start the dietetics program at USI?

Fall 20__ Spring 20__ Summer 20__ Other _____

Are you planning to attend USI?

Full-time Part-time

Indicate if you hold any of the following.

License Certificate Registration None Type: _____ Year received: _____

Have you previously applied to a USI College of Nursing and Health Professions program or another university/college dietetics program? No Yes

If yes, name of program/university/college _____

Reason for non-acceptance _____

Have you started a dietetics program at another university/college and did not complete the program? No Yes

If yes, name of school/s _____

Reason for leaving _____

Have you been convicted of a felony? No Yes

Have you been convicted of a misdemeanor? No Yes

Have you been convicted of a sex offense against children? No Yes (Requirements of Indiana Public Law 11-1994.)

Person to be notified in case of an emergency _____

Relationship _____ Telephone (_____) _____ - _____

By signing below I am verifying that all the above information is true and accurate to the best of my knowledge. I also authorize the Food and Nutrition Dietetic Program Admission Committee to review and verify my application and academic records.

Printed Name _____ Date _____

Signature _____

Return this application to:

Food and Nutrition Dietetic Program Admissions

University of Southern Indiana
8600 University Boulevard, HP 2068
Evansville, Indiana 47712

All application materials must be received by the USI Food and Nutrition Department before an admission decision can be made.

FOR DEPARTMENT USE ONLY

PREREQUISITE GPA _____ (2.9 GPA Required)

Admission Prerequisite Grades: CMST 101/107 _____ ENG 101 _____ PSY 201 _____ MATH 111 _____ BIOL 121 _____
CHEM 261 _____ NUTR 203 _____ NUTR 376 _____

Signature of admission or denial to program: _____ Date: _____
Accepted Denied

It is the policy of the University of Southern Indiana to be in full compliance with all federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, sex, religion, disability, age, national origin, sexual orientation, or veteran status. Questions or concerns should be directed to the Affirmative Action Officer, USI Human Resources Department, University of Southern Indiana, 8600 University Boulevard, Evansville, Indiana 47712.