

APPLICATION FOR ADMISSION

THE UNIVERSITY OF MONTEVALLO COORDINATED PROGRAM

1. Please complete the following application.

Date _____

Name (Last) _____ (First) _____ (MI) _____

UM Campus ID _____

Present Mailing Address _____
Street Phone

City State Zip

Permanent Mailing Address _____
Street Phone

City State Zip

E-mail address:

Current Academic Advisor:

2. Attach your resume which should include: all colleges/universities attended, work and community service and honors/awards, and professional organization membership.

3. Please have 3 letters of reference mailed directly to the Program Director:

Patricia Petitt, MS, RD
Coordinated Program Director
Station 6385 Bloch Hall
University of Montevallo
Montevallo, AL 35115

(References may come from professors other than Mrs. Petitt and Dr. Hart, members of administration, employers, community service contacts and advisors)

4. Submit official transcripts from all colleges and universities attended.

5. Write a 1-2 page letter of intent that includes your plans for the future as an RDN.
6. Submit a Background Check that clears you for participation in supervised practice.
7. Provide copies of the following items:
 - ___ Updated blue immunization card,
 - ___ Negative TB skin test,
 - ___ Negative standard drug screen,
 - ___ Proof of health insurance,
 - ___ Proof of automobile insurance.

Please be advised that information provided on this application is strictly confidential and will be maintained in a secure location in the Department of Exercise and Nutrition Science.

