**APPLICATION FOR ADMISSION FORM**

**GRADUATE COORDINATED PROGRAM IN DIETETICS**

To be considered for admission into the Coordinated Program in Dietetics, each applicant must submit the completed application packet by the deadline of February 1st each year. Complete and submit the following items by email to Lori Greene, CP Director at [lgreene@ches.ua.edu](mailto:lgreene@ches.ua.edu).

* Application for Admission Form
* Statement of Purpose
  + Instructions
    - Address letter to Coordinated Program Director
    - 1-2 pages, Time New Roman, 12-point font, single-spaced and with one-inch margins
  + Statement of Purpose Questions to Address
    - A discussion of your relevant experience (academic, personal, work) and background.
    - A discussion of your long-term professional goals and how does completion of this program support your goals.
    - Describe a unique personal characteristic or experience you feels prepares you to be successful in this program.
    - Share any additional information that may be helpful as we review your application (early graduation, gap year, transferring schools, personal struggles, or other challenges you may have faced, etc.)
* Resume (no more than 2 pages)
* Two letters of recommendation (may be submitted directly to CP Director)
* Official transcripts from **ALL** colleges and universities attended. This includes an official transcript from The University of Alabama if you are a current student. You can send by email or by mailing to the address below:

Lori Greene

423 Russell Hall

University of Alabama

Box 870311

Tuscaloosa, AL 35487

**Student Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits SSN \_\_\_\_\_\_\_\_\_\_\_

Last First Middle

CWID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_

Street Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

**Education**

|  |  |  |
| --- | --- | --- |
|  | **Institution** | **Dates of attendance** |
| High School |  |  |
| Junior/Community College |  |  |
| College or University  (list all attended) |  |  |

**Acknowledgement Form for Admission Fee for the Coordinated Program in Dietetics**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that there is a $30 nonrefundable

Print Name of Applicant

application fee that I am responsible for paying when applying to the Coordinated Program in

Dietetics at the University of Alabama. I agree to allow the Department of Human Nutrition &

Hospitality Management charge my student account this application fee.

I understand that it is my responsibility to settle my student account debt. Failure to resolve any

debts on my student account could result in registration holds for subsequent semesters or

a graduation hold in my final semester.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_