**Acknowledgement Form for Admission Fee**

**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 even

a graduation hold in my final semester.

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