**DTRE - Registration Eligibility Application Notification Form
(for UA DPD use only)**

**IMPORTANT** All areas on this form must be completed.
 **NOTE!** Failure to complete and sign areas will result in processing delays.

Student CWID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Last Name (PRINT) First Name Middle Name

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

Maiden Name (PRINT)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Do not use an “edu” address)

Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Type: Home/ Cell/work)

**Note to Applicant:** Please check off each item listed below indicating that you have completed and signed the documents, and the documents are attached before mailing the documents to the DPD Director.

 🗌 NDTRE and DTRE Misuse Form – locate of CRDs website. (must sign in blue ink)

 🗌 Original BS Degree transcript (from DPD Program)

 🗌 DTRE - Registration Eligibility Application Notification Form

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Signature of Applicant Date

(**Note:** Your signature also indicates that you have reviewed the DTRE eligibility requirements, and that you acknowledge that you meet those requirements. Application *will not be processed* if eligibility requirements are not met)

**Mail all 3 documents listed above to:** Alvin Niuh
 The University of Alabama
 Dept. of Human Nutrition and Hospitality Management
 Box 870311
 Tuscaloosa, AL 35487