

DTRE - Registration Eligibility Application Notification Form

(for UA DPD use only)

**IMPORTANT
NOTE!**

All areas on this form must be completed.

Failure to complete and sign areas will result in processing delays.

Student CWID#: _____

Graduation Date: Spring (May) (Summer (August) Fall (December) **Year:** _____

Last Name (PRINT)

First Name

Middle Name

Maiden Name (PRINT)

Mailing Address: _____

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.

- Original BS Degree transcript (from DPD Program)
- DTRE - Registration Eligibility Application Notification Form

Signature of Applicant

Date

Notes:

1. 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.
2. A Verification Statement is also required to process your DTRE application. If you have not requested original copies of the Verification Statement, please complete the *Request for Verification Statement Form (available at www.ches.ua.edu)*, and submit with the documents listed above.

Mail all 2 documents listed above to:

Alvin Niuh
The University of Alabama
Dept. of Human Nutrition and Hospitality Management
Box 870311
Tuscaloosa, AL 35487