1. The application form must be typed or neatly printed in ink. Information included on the form must be accurate and complete. It is not necessary for applicants to apply to the University of Cincinnati separately.

2. Official copies of transcripts from all undergraduate and graduate colleges/universities attended, including one from the MS in Nutrition. A transfer credit evaluation report completed by the University of Cincinnati also must be submitted with the application. Transcripts from foreign institutions must include a credential evaluation from an organization approved by the Academy of Nutrition and Dietetics.

3. A completed copy of the UC Admission Confirmation Form must also be submitted. The fee for the application indicated on this form is waived for DPD Certificate applicants.

4. The completed application packets for the DPD Certificate should be sent to:

   Emily Van Walleghen, PhD, RD  
   Certificate of Didactic Program in Dietetics  
   University of Cincinnati  
   Department of Nutritional Sciences  
   3202 Eden Avenue  
   Cincinnati, OH 45267-0394

5. Prospective students who need additional assistance with completion of the application form or who have questions about the DPD Certificate can contact Emily Van Walleghen at (513) 558-2024 or emily.vanwalleghen@uc.edu.

Revised 7/15
NAME: __________________________________________  ______________________
   Last  First  Middle
SOCIAL SECURITY #: ________ - ______ - ________ DATE OF BIRTH: __/__/_____
YEAR OF ADMISSION: ______________
SEMESTER OF ADMISSION (please circle):  Fall  Spring
MONTH/YEAR OF COMPLETION OF MS IN NUTRITION FROM UC: ________________
UNIVERSITY GRANTING BACCALAUREATE DEGREE: ____________________________
DEGREE AWARDED: _______________________________ YEAR: __________
MAILING ADDRESS: _______________________________________________________
   Street  Apt. #
   ____________________________  ____________________________
   City  State  Zip Code
   (______) (______) ____________________________
   Home Phone  Cell Phone
HOME ADDRESS: __________________________________________________________
(If different than mailing address)  Street  Apt. #
   ____________________________  ____________________________
   City  State  Zip Code
   (______) (______) ____________________________
   Home Phone  Cell Phone
E-MAIL ADDRESS: __________________________________________________________
EMERGENCY:  In case of emergency, please notify:
   ____________________________ (______) ____________________________
   Name  Phone  Relationship
The above information is correct and without purposeful omissions.
Applicant Signature: __________________________________________ Date: ________________
Date Received in Department of Nutritional Sciences: ______________ Faculty Initials: __________

Revised 7/15