1. The application form must be typed. 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. Submit official copies of transcripts from all undergraduate and graduate colleges/universities attended, including one from the master’s degree. Transcripts from foreign institutions must include a credential evaluation from an organization approved by the Academy of Nutrition and Dietetics.

3. The completed application packets for the DPD Certificate should be sent to:
   Lindsey Mills, MS, RD, LD
   Certificate of Didactic Program in Dietetics
   University of Cincinnati
   Department of Rehabilitation, Exercise, and Nutrition Sciences
   3202 Eden Avenue
   Cincinnati, OH 45267-0394

Revised 9/17
NAME: ____________________________________________

Last First Middle

M NUMBER #: ___________________________ DATE OF BIRTH: ___/___/_______

YEAR OF ADMISSION: ______________

SEMESTER OF ADMISSION (please circle): Fall Spring

UNIVERSITY GRANTING MASTER’S DEGREE: ____________________________

DEGREE AWARDED: _______________________________________ YEAR: __________

UNIVERSITY GRANTING BACCALAUREATE DEGREE: ____________________________

DEGREE AWARDED: _________________________ YEAR: __________

MAILING ADDRESS:

Street

Apt. #

City State Zip Code

( ) ( ) ( )

Home Phone Work Phone Cell Phone

HOME ADDRESS:

(If different than mailing address)

Street

Apt. #

City State Zip Code

( ) ( )

Home Phone Work 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: _________________ Faculty Initials: _____