

**KSU Coordinated Program Applicant Information Form**

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Present Address \_\_\_\_\_  
(Street) (Apt #)  
\_\_\_\_\_  
( )  
(City) (State) (Zip Code) (Phone)

Permanent Address \_\_\_\_\_  
(Street) (Apt #)  
\_\_\_\_\_  
( )  
(City) (State) (Zip Code) (Phone)

**E-Mail Address which you will be actively using for the next 3 months. If you have more than one e-mail address, please list both. It is critical that you keep the program director informed of any changes in your e-mail address and/or other contact information.**

**KSU E-Mail Address** \_\_\_\_\_

**Secondary E-Mail Address** \_\_\_\_\_

**Telephone number** where you can be reached before the management semester starts \_\_\_\_\_  
( )  
Area Code

**KSU Student ID #** \_\_\_\_\_

**Foreign Applicants: Designate Immigration Status**

**Expiration Date:**

**Semester You Wish to Start the Management Semester** \_\_\_\_\_

**Are you seeking a BS degree in dietetics from KSU?**

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

**Do you already hold another degree?** \_\_\_\_\_ **Yes,** \_\_\_\_\_ **No**

**What is the degree** \_\_\_\_\_

**Major?** \_\_\_\_\_

**School?** \_\_\_\_\_

**Names and Contact Information for Individual Completing Recommendation Form(s) for you:**

**Name:**

**Phone:**

**Email Address:**

**Statement of location preference for management and clinical semesters:**

**If accepted into the program, will you be available to work a variety of work shifts to include early mornings, evenings and weekends if necessary?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Briefly explain if necessary.**

**If accepted into the program, will there be anything preventing you from assuring that quality standards regarding food, supplements or other products are acceptable? This would include tasting, handling and serving a variety of food or supplement items.** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Briefly explain if necessary.**