

Didactic Program in Nutrition & Dietetics (DP) Application Form

This form is to be used by prospective students who are applying to the Andrews University DP program

Section I: PERSONAL PROFILE OF APPLICANT

Name of Applicant: _____ Date of Birth: _____
(Last Name) (First Name) (Month/Day/Year)

Permanent Address of Applicant:

(Street Address)

(City) (State) (Zip Code) (Country)

Telephone Number: _____ Email Address: _____

Gender of Applicant: [] Male [] Female

Ethnicity of Applicant:

[] White (non-Hispanic) [] Hispanic [] Black/Non-Hispanic [] Indian
[] Asian [] Native American [] Pacific Islander [] Other _____

Section II: APPLICATION PROFILE

1. Check the option that best describes your current application category:
 - [] Sophomore at Andrews wishing to enter phase 2 of the Dietetics Program at Andrews
 - [] Student changing from another academic major at Andrews University
 - [] Student transferring from another college or university
 - [] Special student with a B.S. degree (other than Dietetics) applying for DP completion courses
 - [] Graduate student applying for DP completion courses
2. Please indicate whether you have already completed the following application activities:
 - a. For all students applying to the Andrews University DP Program:

Have you already applied and received general acceptance to Andrews University? [] Yes [] No
If No, please visit the Andrews University Admissions website link for general application requirements, instructions and procedures: <http://www.andrews.edu/future/apply/index.html>
 - b. For those with Non U.S. Degrees or Foreign Transfer Students:

Has your academic transcript already been evaluated by one of the AND-approved evaluating agencies? [] Yes [] No

If No, please visit the following AND website link for instructions:
<http://www.eatright.org/CADE/content.aspx?id=10152>

Section III: ACADEMIC PROFILE OF APPLICANT

1. Most Recent Educational Institute Attended:

(Name of High School/College/University)

(City or State) (Zip Code) (Country)

2. The number of college credits you have already successfully completed is: _____

3. Please complete the following academic course profile by indicating whether you have successfully completed the listed prerequisite courses:

***REQUIRED COURSES (NEEDED FOR ACCEPTANCE INTO DP)**

- [] Basic Nutrition Year Completed: _____ Grade: _____ Credits: _____
- [] Anatomy & Physiology I Year Completed: _____ Grade: _____ Credits: _____
- [] Anatomy & Physiology II Year Completed: _____ Grade: _____ Credits: _____
- [] Inorganic/Organic Chemistry Year Completed: _____ Grade: _____ Credits: _____
- [] Intro to Biochemistry Year Completed: _____ Grade: _____ Credits: _____
- [] Introduction to Psychology Year Completed: _____ Grade: _____ Credits: _____
- [] Principles of Sociology Year Completed: _____ Grade: _____ Credits: _____
- [] Math Year Completed: _____ Grade: _____ Credits: _____

Course name: _____

***STRONGLY RECOMMENDED COURSES (TO ENHANCE YOUR APPLICATION)**

- [] General Microbiology Year Completed: _____ Grade: _____ Credits: _____
- [] Food Science Year Completed: _____ Grade: _____ Credits: _____
- [] Profession of Dietetics Year Completed: _____ Grade: _____ Credits: _____

Total Credits: _____

Were the credits taken on the quarter or semester system? _____

Please be prepared to submit course descriptions upon request for any of the above courses.

4. Based on your academic transcript(S), your overall cumulative Grade Point Average (GPA) is: _____
*If you have attended more than 1 college or university this should represent your overall combined GPA of all the classes that you have taken.

5. Statement of Purpose

Submit a typed (double spaced, 12 point font) statement of your objectives for seeking a BS degree in Nutrition and Dietetics. Discuss your personal and professional goals. Discuss your background and how you became interested in Dietetics. Also, indicate why you have chosen to apply to the Dietetics program at Andrews University.

6. Transcripts

Transcripts for every university or college that you have attended MUST be sent along with your application. These transcripts can be unofficial and can be e-mailed or mailed with your application.

NO APPLICATIONS WILL BE PROCESSED UNTIL THE STATEMENT OF PURPOSE AND TRANSCRIPTS ARE SUBMITTED.

7. I certify that the above information is complete and accurate, to the best of my knowledge.

APPLICANT SIGNATURE: _____ DATE: _____
(Month/Day/Year)

Please fax completed form to: 269-471-3485

or mail to:

**DP Director
Public Health, Nutrition, & Wellness Dept.
Andrews University
Berrien Springs, MI 49104-0210**

For Office Use Only

Accepted to DP: _____

Probationary Acceptance to DP:
