**MASTER OF SCIENCE IN DIETETICS AND NUTRITION DEGREE PROGRAM:**
**DOMESTIC STUDENT APPLICATION PROCEDURE AND CHECKLIST**

**Application Deadline: July 1 (fall start), Dec. 1 (spring start), May 1 (summer start)**

All required materials must be received before admission to the program.

## 1 Students need to provide the following items directly to the KU Department of Dietetics and Nutrition:

☐ **KU Graduate Studies Application**
This form can be filled out on-screen prior to printing and we strongly encourage you to take advantage of this feature to expedite your application by eliminating questions or concerns due to illegible handwriting.

☐ **Resume**
Please provide a resume stating career goals.

☐ **Application fee of $60**
Please make payable to "University of Kansas Medical Center". This fee is required whether or not you are currently enrolled at the University of Kansas. Your application will not be processed without the fee. Please do not send cash.

## 2 Students do not provide these items directly, but must request they be provided to the KU Department of Dietetics and Nutrition:

☐ **Official transcripts**
Two (2) official transcripts must be sent **directly to KU from each college or university attended**. Students may also submit these transcripts personally if they remain sealed in official institution envelopes.

☐ **Graduate Record Examination (GRE)**
Students must have taken the GRE and include verbal, quantitative and analytical scores. Applicants must arrange for official, **complete GRE results to be submitted to KU directly by ETS**.

☐ **Three (3) completed letters of reference**
Three recommendation letters on official letterhead are required and may be from faculty, advisers, employers, or others who are familiar with your work and character. Provide the individuals who are writing the recommendations enough notice to provide them by the application deadline. These letters should be mailed directly to the department office.

**Mail all required materials by registered or certified mail, so that a return receipt is provided, to:**
KU Dept. of Dietetics and Nutrition
Attn: MS Admissions
Mail Stop 4013
3901 Rainbow Blvd.
Kansas City, KS 66160

**STUDENT RESIDENCY POLICY:**
**You are considered an international student if you require a visa, or currently reside in the U.S. with non-immigrant status, or are currently residing in the U.S. and applying for permanent resident. International students do not use this application packet for the MS program.**

KU MEDICAL CENTER
The University of Kansas

Master of Science in Dietetics and Nutrition

Term (please select one): 2010 - Spring

Date Received
Date Fee Rec'd
Payment Method
For KU Use Only

# KU Medical Center Domestic Graduate Student Application for Admission

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

## Personal Information

First Name | Middle | Last Name | Date of Birth: MM/DD/YYYY

Preferred Name, if different from above | Other name(s) under which your records might be found | Male | Female

Social Security Number

Social Security Number is required for admission into any program at KU Medical Center for background checks required to verify eligibility to work, train and participate in health care settings. Further, it is requested, but not mandatory under K.S.A. 76-725, for maintaining accurate records and servicing accounts.

Home (Current) Address:

Number and Street

City & State

Country | Zip /Postal Code

Phone Number | Mobile Phone Number

E-mail Address

Permanent Address (if different from current address):

Number and Street

City & State

Country | Zip /Postal Code

Phone Number | Mobile Phone Number

Citizenship/Residency Status (please select one): United States Citizen  Permanent Resident of United States

If you did not select one of the above, **STOP**: you must use the KU Medical Center International Graduate Student Application.

Is English your first language? Yes  No  If No, what is your first language?

## Ethnicity

Are you Hispanic or Latino?

- Yes, I am Hispanic or Latino.
- No, I am not Hispanic or Latino.

What is your race? Select one or more races.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

NOTE: Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards.

## Academic Program Information

| Department offering degree | Degree | Academic Program | Academic Plan |
|---|---|---|---|
| Dept. of Dietetics and Nutrition | Master of Science in Dietetics and Nutrition | AHLTG | DNGH-MS |

Term: 2010 - Spring  Masters Degree Level  Non-degree-seeking

## Educational Information

Applicants must request one (1) official set of transcripts be sent directly from **each** academic institution attended to the department at KU in which the desired academic program resides. Starting with most recent, please list every higher education institution you have attended. Attach an additional list if needed.

Full Name of College/University
City/State
Degree | Major
Dates of Attendance (MM/YY) To | Date Awarded or Expected | GPA

Full Name of College/University
City/State
Degree | Major
Dates of Attendance (MM/YY) to | Date Awarded or Expected | GPA

Full Name of College/University
City/State
Degree | Major
Dates of Attendance (MM/YY) to | Date Awarded or Expected | GPA

## Other Information

Please check any which apply to you:

- ☐ Current KU/KUMC student
- ☐ Have APPLIED to KU/KUMC before
- ☐ Have ATTENDED KU/KUMC before
- ☐ Member of US Armed Forces, or a dependent of one
- ☐ My parents or I have moved to take a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID: _____

Are you currently a resident of the State of Kansas? ☐ Yes ☐ No When did you begin continuously living in Kansas? _____

## Exam Scores, References and Additional Requirements

Additional information and documentation may be required for application to individual academic programs. Please check with the admissions coordinator or Web site of your desired academic program for complete application instructions and requirements.

## Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas.

I hereby grant permission to KU to release applicable personal information, including my social security number, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application _____ Signature of Applicant _____

If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

Safety and Crime at KU Medical Center: Safety policies, procedures, campus resources, and providing definitions, explanations, and a statistical portrait of crimes on campus can be found at www.kumc.edu/police.

## Submit Application

Please print, sign and mail this completed application form with the application fee (and any other materials which may be required) to the **KU department in which your desired academic program resides**. Incomplete or unsigned applications will not be accepted.

PLEASE DO NOT WRITE BELOW THIS LINE

Master of Science in Dietet 2010 - Spring AHLTG DNGH-MS

**DEPARTMENTAL RECOMMENDATION**

☐ Do not admit.
Application will not be forwarded to Graduate Studies.

☐ Calculation of cumulative GPA from official transcripts

Admission recommended with status (check only one):

☐ Regular ☐ Regular non-degree ☐ Special B (IGPBS only)

☐ Provisional ☐ Provisional non-degree

Reason(s) for provisional status:

Comments/Remarks:

Department Signature Date

**GRADUATE STUDIES ACTION**

☐ Date admitted in SAKU

Admission granted with status (check only one):

☐ Regular ☐ Regular non-degree ☐ Special B (IGPBS only)

☐ Provisional ☐ Provisional non-degree

Reason(s) for provisional status:

Comments/Remarks:

Graduate Studies Signature Date