

Application Deadline January 15

**The University of Mississippi
Coordinated Program in Dietetics (CP)
108 Sorority Row
University, MS 38677**

Name: _____
(First) (Middle) (Last)

Present Address: _____
(Number & Street) (City, State, Zip) (Area Code & Tel. No.)

Date of Birth _____ Email address _____

Name of person to contact in an emergency: _____

Address: _____
(Number & Street) (City, State, Zip) (Area Code & Tel. No.)

I. Academic Plan

a. Current Courses			
Course #	Course Title	Cr. Hrs.	College/University
b. Courses to be Completed Prior to Entering the Coordinated Program in Dietetics			

III. Letters of Recommendation

Complete the information about the two (2) individuals who will write your letters of recommendation.
Individuals must be different from the Master of Science recommendation letters.

Name	Title	Address	Phone # Email Address

IV. Undergraduate Cumulative GPA _____

V. Undergraduate Science GPA _____

VI. Undergraduate DPD GPA (if applicable) _____

VII. Desired concentration area (select one)

- Child and Adolescent Nutrition Food Service Administration Sport Nutrition