



## Application for Admission

### BS Nutrition Sciences & Didactic Program in Nutrition & Dietetics

#### Applicant Information

Name: \_\_\_\_\_

NSHE ID: \_\_\_\_\_

Pre-NUTR Catalog Entrance Year: \_\_\_\_\_

Semester for which you are applying: Fall \_\_\_\_\_ (Year)

#### IMPORTANT INFORMATION BEFORE APPLYING

- You must be admitted to UNLV as a PRE-NUTR major before you may apply for admission to the BS in NUTR-DPND.
- You must attend a mandatory NUTR-DPND Signing Session with DHS Advising at which time your application will be accepted.
- You must make an appointment with the Health Sciences Advising Center. Call 702-895-5448. No mailed applications will be accepted.
- **Application Deadline:** June 1

#### Part I

#### Identification Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Full Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## **Part II**

### **Previous Education**

Complete the following information related to all Colleges/Universities attended  
(use additional pages if necessary)

**NOTE: Official transcripts must be submitted to the Office of the Registrar before application is accepted**

Name of Institution: \_\_\_\_\_

City & State: \_\_\_\_\_

Degree/Diploma Earned & Date: \_\_\_\_\_

Attendance Dates: \_\_\_\_\_

## **Part III**

### **Proficiency in English Language**

English is my native language: \_\_\_\_\_ (initial)

I am a non-native speaker of English. I have provided official transcripts and proof of TOEFL iBT English language proficiency tests (the only test accepted) to the Division of Health Sciences Advising Office. \_\_\_\_\_ (initial)

## **Part IV**

### **Information to Candidate Related to Licensing**

Health care facilities/clinical & community sites require a criminal background check and drug screen prior to students being accepted into the program. Findings of past misconduct on the criminal background check or evidence of drug use may preclude such students from participating in these facilities, which will prevent the student's ability to complete the program and earn the credential of Registered Dietitian Nutritionist. Professional licensing boards in Nevada and elsewhere may refuse to issue a license if an individual has a felony or other conviction on his or her record. You are advised that if you have been convicted of a criminal offense, you will be required to disclose to the respective board the nature of the offense, the court in which the conviction occurred, and what disposition occurred as a result of that offense. This disclosure must be made irrespective of whether you served a sentence and had your civil rights restored, or had the conviction(s) expunged from your record.

All students participating in clinical or community sites must comply with facility policy. This includes but is not limited to dress codes, policies regarding smoking, hair

exposure, body piercings, and tattoos. Failure to comply will result in a student not being admitted to supervised practice or removed from supervised practice, which will prevent the student's ability to complete the program and earn the credential of Registered Dietitian Nutritionist. If accepted to the major/program I understand that there is a student handbook outlining all of the program policies and procedures. I am willing to abide by these throughout the program.

Applicant initials: \_\_\_\_\_ (initial)

## **Part V**

### **Affirmation of Accuracy**

I hereby certify that to the best of my knowledge the information furnished in this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal from the program.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_