

APPLICATION PACKAGE

Students must submit an application package to the program director by October 30 or March 30 prior to the first semester of supervised practice experience. Please send the completed application package to:

Dr. Bettina Taylor, RDN
Ag Annex 102d
Delaware State University
1200 N. DuPont Highway
Dover, DE 19901

The application package must include the following information:

- Personal statement delineating student's professional goals and reasons for seeking the RDN credential.
- Completed course work, date completed, and achieved grades (see form below).
- Transcripts of all coursework completed at non DSU institutions.
- Résumé detailing education, work experience, volunteers experience, honors/awards and leadership experience.
- Two references (see Confidential Reference Form below). One reference must be from a college professor in a core or science course and one from a person for whom the student worked or volunteered.

After review of the application, the applicant will be formally interviewed by the program director and/or department chair as needed. The purpose of the interview is to determine the applicant's communication skills, professionalism, maturity, and ability to successfully complete the rigorous CP program.

Upon acceptance to DSU's Coordinated Program in Dietetics (see program director for specifications), students will be required to supply evidence of health insurance, complete a national background check, obtain student liability insurance, and provide proof of current immunizations including proof of a negative TB skin test performed within the past 12 months. Most hospitals require a controlled substance test and flu, Hepatitis B, and possibly Hepatitis A vaccinations. Depending on the supervised practice rotation, students may need to obtain additional tests to work in specific health care facilities. Some supervised practice sites may require recent drug and/or alcohol testing.

Transfer Credit

Students transferring from another institution of higher learning should refer to Delaware State University policies for transfer student admissions:

<http://www.desu.edu/admissions/transfer-student-admissions>. Prior to being considered for admission to the CP, transfer students must complete a minimum of 12 hours at Delaware State University. All supervised practice hours, Medical Nutrition Therapy I and II, Community Nutrition, and Institutional Food Service must be completed at DSU.

PREREQUISITE COURSES FOR COORDINATED PROGRAM IN DIETETICS

Area	Course #	Course Title	Date Completed	Credits	Grade
Mathematics	MTSC-121	College Algebra		3	
Mathematics	NTRS-321	Biometrics (or ECON-208: Statistics)		3	
Communications	ENGL-101	English Composition I		3	
Communications	ENGL-102	English Composition II		3	
Communications	ENGL-200	Speech		3	
Biology	BIOL-101	General Biology I		4	
Biology	BIOL-102	General Biology II		4	
Biology	BIOL-221	Microbiology (or HMEC-260: Food Microbiology)*		4	
Biology	BIOL-204	Human Physiology (or BIOL-208: Anatomy & Physiology II)		3 or 4	
Chemistry	CHEM-101	General Chemistry I		4	
Chemistry	CHEM-102	General Chemistry II		4	
Chemistry	CHEM-301	Organic Chemistry*		4	
Human Ecology	HMEC-105	Principles & Analysis of Food Prep.		3	
Human Ecology	HMEC-215	Introduction to Nutrition		3	
Human Ecology	HMEC-250	Introduction to Food Science		3	
Human Ecology	HMEC-315	Introduction to Dietetics*		2	
Human Ecology	HMEC-335	Nutrition During the Life Cycle*		3	
Hospitality Mgmt.	HMT-311	Food Production Management*		3	
Human Ecology	HMEC336	Institutional Food Service*		3	
Human Ecology	HMEC-325	Nutritional Assessment*		2	

*May be taken consecutively while student applies to coordinated program.

CONFIDENTIAL REFERENCE FORM

[Applicant's Name] _____ is applying for admission to the Coordinated Program in Dietetics at Delaware State University to fulfill the academic and supervised practice requirements to become RD/RDN eligible.

Evaluator Name: _____

Organization if applicable: _____

Address: _____

Telephone number: _____ E-mail: _____

Please be candid in your response:

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

If possible, would you choose this student for admission? ____ Yes ____ NO

Why? _____

Please rate the applicant compared to other college students:

CHARACTER AND SKILLS	Excellent	Good	Average	Fair	Poor	Not observed
Ability to Work With Others						
Adaptability						
Communication Skills						
Dependability						
Helpfulness						
Initiative						
Leadership						
Maturity						
Organizational Skills						
Positive Attitude						
Professionalism						
Punctuality						
Responsibility						
Stress Management						
Work Quality						

Evaluator Recommendation:

_____ Highly Recommend

_____ Recommend

_____ Recommend with Reservations

_____ Do not Recommend

Please provide additional comments about the applicant:

Evaluator Signature: _____ **Date:** _____

The Department of Human Ecology appreciates your evaluation of the applicant.

Please return the evaluation to the student in a sealed envelope with your signature across the seal. The applicant will not view the reference form you submit.