

Application for Admission
Master of Science in Nutrition and Dietetics Program

Name _____
 LAST FIRST MIDDLE

Social Security Number _____ - _____ - _____

Present Address _____
 STREET

CITY COUNTY STATE ZIP

Present Address Until ____/____/____

E-mail Address _____ Primary Phone (____) _____

Citizenship _____ Work (____) _____

Cell (____) _____

Date of Birth ____/____/____ Place of Birth _____
 Month Day Year City State Country

Gender Male Female

Do you consider yourself to be Hispanic/Latino? Yes No

If yes: Puerto Rican Cuban American
 Mexican American Other Hispanic/Latino

Please select one or more Races you identify with:

- American Indian or Alaskan Native
- African American or Black
- White
- Asian or Asian American, including Indian subcontinent
- Native Hawaiian or Other Pacific Islander

Do you consider yourself as coming from a disadvantaged socio-economic background? Yes No

Do you consider yourself as an individual with a physical or mental disability that substantially limits one or more major life activities? Yes No

Proposed Entrance Date Fall 20_____

Please indicate which Entry Option best describes you:

- I have (will have) undergraduate certificate in nutrition or dietetics.
- I have (will have) completed a Dietetic Internship
- I have (will have) completed the Registered Dietitian exam.
- I have (will have) a Master's or higher degree in a field other than Nutrition or Dietetics.

PROPOSED PROGRAM: (Select One)

- I am applying for the 3/2 (senior year in absentia) program with Lipscomb University for a Bachelor's and Vanderbilt University for a Master's Degree.
- I am applying to the Master of Science in Nutrition and Dietetics Program.

PROPOSED TRACK: (Select One)

- Nutrition Informatics and Health Behavior
- Nutrition Management in Healthcare Systems

DIETETICS LICENSURE INFORMATION

1. Have you ever been convicted of any offense other than a minor traffic violation? Yes* No

If yes, please attach letter of explanation.

**Individuals who have been convicted of a crime other than a minor traffic violation may be ineligible for Registered Dietitian licensure even upon successful completion of our program. A graduate's eligibility is determined on an individual basis by the Tennessee Board of Dietitian/Nutritionist Examiners.*

2. High School Graduate? Yes No Date of Diploma _____

G.E.D. Equivalency? Yes No Date Test Administered _____

3. If you are a RD licensed in the State of Tennessee, please list current license number _____

Expiration Date: _____ If you are a RD, please list Registration number _____

4. Please list any states other than Tennessee in which you are licensed to practice as an RD: _____

5. Are you a licensed healthcare provider in another discipline (e.g. LPN, RN, physical therapist, respiratory therapist, etc)?

Yes No Discipline _____ License Number _____

Expiration Date: _____

6. Have you ever had your license revoked or disciplinary action taken against you? Yes No

If yes, please attach letter of explanation.

STANDARDIZED TESTS

When did/do you plan to take the Graduate Record Examination (GRE)? _____

Applicants for whom English is not your native language:

When did/do you plan to take the TOEFL or IELTS? _____

POST HIGH SCHOOL EDUCATION AND EXPERIENCE

1. Please list all post-high school educational institutions beginning with the most recent one attended.

INSTITUTION	LOCATION	DATE OF RESIDENCE	DEGREE & DATE

2. Have you ever been dismissed or withdrawn from any school or college? Yes No

If so, please indicate which school and attach letter of explanation. _____

3. Have you previously applied to Vanderbilt University for admission? Yes No If so, which school? _____

If so, when? _____

4. Please list your work experience beginning with your most recent employment first (or attach resume):

5. Do you or have you ever served in the military including the reserves? Yes No

If yes, please explain _____

FINANCIAL AID Are you applying for financial aid? Yes No

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____ Primary Phone (____) _____
Street Cell Phone (____) _____
City State Zip Work Phone (____) _____

REFERENCES (Please list the three individuals who have supplied your recommendations*)

NAME	POSITION	ADDRESS	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Note: Individuals should be genuinely qualified to evaluate your academic/professional qualifications.

INFORMATION FOR OUR RECORDS

- Do you currently reside in a rural community? Yes No
- Do you currently reside in a medically underserved community? Yes No
- Upon graduation do you plan to practice in a rural community? Yes No Undecided
- A medically underserved community? Yes No Undecided
If yes, please indicate the county/state of your intended practice: _____
- How did you hear about our program? Please check all that apply:
 Advertisement in (publication) _____ Faculty (please supply school) _____
 Current Student (please supply name) _____ Conference/Workshop www site
 Alumni (please supply name) _____
 Current VUMC Employee (please supply name) _____
 Other _____
- Please list any relatives who have attended or who are employed at Vanderbilt. Please state relationship and if the individual is a member of the alumni or an employee.
Name _____
Relationship _____ Alumni Employee

Name _____
Relationship _____ Alumni Employee

STUDENT AFFADAVIT

I certify that the information given herein is true to the best of my knowledge and hereby agree to be bound by all policies, procedures, and regulations of Vanderbilt University, both those presently existing and those subsequently amended or adopted.

APPLICANT'S SIGNATURE _____ DATE _____

RELEASE OF INFORMATION

I authorize the release of information contained in this application to be used for the purpose of considering me for scholarship funds and so that aggregate data concerning the School of Nursing may be compiled.

APPLICANT'S SIGNATURE _____ DATE _____

GOAL STATEMENT AND INTERVIEW SURVEY INSTRUCTIONS

GENERAL: Both the writing style (i.e., grammar, spelling, word use) and content will be used in the overall evaluation of your responses. Please type your goal statement and interview responses on separate pieces of paper and include them with your application materials.

STATEMENT OF CAREER GOALS

Please use this as an opportunity to tell us (as specifically as you can at this time) what you are planning to do with your nutrition and dietetic career in your specialty area after you complete the Master of Science in Nutrition and Dietetics (MS) degree. For example, what do you see as the role of the advanced practice dietitian in your specialty?

INTERVIEW SURVEY*

1. What is your concept of the nutrition care process? Why do you want to become an advanced practice dietitian?
2. Describe talents, aptitudes, gifts and personal strengths you possess and how these could contribute to your career?
3. How will you apply your personal strengths to assure success in Vanderbilt's program?
4. What has influenced your decision on a specialty track? Describe any life experiences that have contributed to your interest in your selected specialty.
5. What is your understanding of the responsibility of an adult learner in graduate level education?
6. How will your acceptance into this program impact your current living and working situations? What challenges do you anticipate if accepted and how will you manage these anticipated challenges?

**Note: An interview in person or by telephone may be required in the program. Applicants are also welcome to request a personal interview and a visit to the campus to meet with faculty and students, attend classes and tour the facilities.*

NON-DISCRIMINATION POLICY

It is important that Vanderbilt University faculty, staff, and students enjoy an environment free from implicit and explicit behavior used to control, influence, or affect the wellbeing of any member of our community. Harassment of individuals based on their race, sex, religion, color, national or ethnic origin, age or disability is unacceptable and grounds for disciplinary action, and also constitutes a violation of federal law. Equally unacceptable within the University is the harassment of individuals on the basis of their sexual orientation, gender identity, or gender expression.

Last revised: 10/16/09

2. Please describe your relationship to the applicant and how long you have known her/him.

3. The School of Nursing appreciates your statement concerning this applicant. Please comment on the following:
Estimate of character, and how well qualified he/she is for advanced study in nutrition and dietetics.

4. Do you know of any special circumstances in the applicant's social or academic background or emotional makeup that should be considered in the evaluation of this applicant for graduate studies?

Signature _____ Date _____

Name (please print) _____

Position or Title _____ Daytime phone number _____

Full Address _____
City _____ State _____ Zip _____

Non-Discrimination Policy

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