

**Practicum in Food and Nutrition
Application for Approval**



Today's Date _____

PRACTICUM STUDENT PROFILE

Name _____ Semester of Practicum _____ :

Student ID # _____ Major: _____

Concentration _____ Minor: _____

Address _____

Phone _____ Phone #2 _____

E-mail: _____

Expected Graduation Date _____

Faculty Advisor: _____

Employment History: _____

Area of interest: (check all that apply and prioritize)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Public Health | <input type="checkbox"/> Food Industry | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Wellness programs | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Child day care | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Research | <input type="checkbox"/> Therapeutic | <input type="checkbox"/> Airlines | <input type="checkbox"/> Homeless shelters |
| <input type="checkbox"/> Fitness Facility | <input type="checkbox"/> Prison | <input type="checkbox"/> Hotel/Motel | |

Other (please specify) _____

Other (please specify) _____

How did you hear about the practicum program? _____

Office use only: _____

SITE OF PRACTICUM and PRECEPTOR _____

Practicum is PAID _____ UNPAID _____