**Summer 2017** NDI Application □On-Site □On-line (distance)

CUNY Graduate School of Public Health and Health Policy

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| Name  |  |

**Applicant Address and Personal Information**

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| **Current Mailing Address**  | **Permanent Mailing Address** |

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| Address: City: |  | Address: City: |  |
| State/Province: |  | State/Province: |  |
| Country: |  | Country: |  |
| Zip: |  | Zip: |  |
| Phone (home): |  |  |
| Phone (work): |  |
| Phone (cell): |  |
| Primary E-Mail: |  |
| Secondary E-Mail: |  |

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| **Personal Data** | **Visa Information** |
| Other name(s) used: |  |
| Nickname: |  | Visa: |  |
| Citizenship: |  | Visa Date: |  |
| Country of Citizenship: |  | Visa Type: |  |
| Veteran: |  | Visa Number: |  |
| 2nd Language: |  | City of Visa: |  |
| Proficiency Level: |  | Visa current and valid? |  |
|  | Visa permit you to work? |  |
| **Tests** |
| **GRE** | **TOEFL** |

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| Status: |  | Status: |  | IBT Listening: |  |
| Date: |  | Date: |  | IBT Reading: |  |
| Verbal: |  | Test Type: |  | IBT Speaking: |  |
| Verbal %: |  | Listening Test: |  | IBT Writing: |  |
| Quantitative: |  | Speaking Test: |  | IBT Total: |  |
| Quantitative %: |  |  | CBT Listening, P/B I: |  |
| Analytical Writing: |  | CBT Writing, P/B II: |  |
| Analytical Writing %: |  | CBT Reading, P/B III: |  |
|  | CBT Essay, P/B TWE: |  |
| Total CBT P/B Score: |  |

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| **Background Information** |

Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board?

 □YES **□**NO

Are there any complaints currently pending against you before any of the above bodies?

□YES **□**NO

Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?

□YES **□**NO

Have you ever been put on probation, suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer?

□YES **□**NO

Have you ever reneged on a DICAS internship match agreement (i.e., refused to attend or left an internship program that you obtained through the DICAS Match or Clearinghouse) without prior approval from DICAS and the internship site?

□YES **□**NO

Have you ever been convicted of an offense against the law other than a minor traffic violation?

□YES **□**NO

Have you ever been convicted of a felony?

□YES **□**NO

If you answered YES to any of the above, please describe the circumstances.

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| **GPA By Year** |
| Year | Credits | Quality Points | GPA |
| Freshman |  |  |  |
| Sophomore |  |  |  |
| Junior |  |  |  |
| Senior |  |  |  |
| Cum Undergraduate |  |  |  |
| Post-Bacc |  |  |  |
| Graduate |  |  |  |

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| **GPA By College(s) and Degree(s)** |
| College Name | Major | Credits | QualityPoints | GPA | Degree | Degree Date |
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| Transcript(s) |

Scan and attach transcript(s) to this application. Original **Official Transcripts** will be collected from enrolled interns during orientation.

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| **Honors and Awards** |
| Date |  |
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| **Sports and Extracurricular Activities** |
| Date(s) |  |
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| **Certifications** |
| Date(s) |  |
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| **Work and Volunteer Experience** |
| Date(s) |  |
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| Resume |

Attach a copy of your **resume** to this application.

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| **DPD Verification**  |

Scan and attach a copy of your **DPD Verification Statement** to this application. *Original DPD Verification Statements will be collected from enrolled interns during orientation.*

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| **DPD Director Information** |
| Name: |  | Address: |  |
| Title: |  |  |  |
| Institution: |  |  |
| Div/Dept: |  | Phone: |  |
| CDRCode: |  | E-Mail: |  |

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| References |

At least **2 reference letters** must be sent directly to the Internship Director.

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| **References Information** |
| Name | Position/Title | Address | E-mail | Relationship to Applicant |
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| **Personal Statement** |
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| **Application Certification** |

**Initial each statement below.**

\_\_\_\_\_\_ I certify that all the information and statements I have provided in this application are correct and complete. I certify that, as required, I have read all application instructions, identified all sources of information related to my college attendance and credits, and noted all actions by a university or other institution. I certify that the essay submitted with this application is my original work. I further certify that all any information submitted on my behalf, including letters of recommendation, is authentic.

\_\_\_\_\_\_ I understand that withholding pertinent information or giving false information on this application will be cause for denial of admission to the internship, withdrawal of any offer of admission, cancellation of registration, expulsion from such school after I have been admitted, or revocation of my degree. I understand that I have an ongoing obligation to inform the Internship Director of any changed circumstances within 30 days of my first notice of such events.

\_\_\_\_\_\_ I give my permission to officials at all institutions that I have attended to release information requested by the Nutrition and Dietetic Internship at the CUNY School of Public Health and Health Policy. I understand that my application and materials submitted with my application become the property of the School. I allow the release of my application materials to persons within the Internship and School. I understand that all information furnished in conjunction with this application will be treated confidentially and will be disclosed only to officials having a legitimate educational interest.

\_\_\_\_\_\_ I realize that the institution reserves the right to withdraw admission if I fail to maintain satisfactory scholastic standing for work in progress or if final records fail to show completion of assignments and/or activities required for completion of the program.