

APPLICATION FOR NUTRITION AND FOODSERVICE PROFESSIONAL TRAINING

Application for Acceptance

YEAR _____

Disclaimer: Completing this form does not guarantee entry into a Dietetic program. Specific program requirements must be met prior to acceptance.

PERSONAL INFORMATION PLEASE PRINT

Name (First) _____ (Middle Initial) _____ (Last) _____ Complete

Mailing Address _____ City _____ State _____ Zip _____ County _____

Birthdate MM/DD/YY _____ Home Phone _____ Cell Phone _____ Emergency Contact Phone _____ E-Mail Address _____

 Sex* Male Female Race* Caucasian African American American Indian Hispanic Asian Other

EDUCATION/CERTIFICATION/LICENSE
HIGH SCHOOL AND COLLEGE TRANSCRIPTS MUST BE SUBMITTED TO THE GASTON COLLEGE ADMISSIONS OFFICE

 Education Level High School Diploma GED Associate Degree Bachelor's Degree Master's Degree or Higher

 CPR PROVIDER CARD Yes No (If yes, include copy of card)

 ServSafe Certified Yes No (If yes, include a copy of certificate)

 Yes No (If yes, include a copy of certificate)

CRIMINAL BACKGROUND, URINE DRUG SCREEN, FBI FINGER PRINTING AND DISABILITIES STATEMENT

Clinical agencies that have contracts with Gaston college require criminal background checks, urine drug screen, and FBI fingerprinting prior to entering their facilities. Failure to meet these requirements will subject the student to dismissal from the program. The program will comply with all clinical affiliation agreements. You will be given detailed information and instructions upon program acceptance.

DO YOU HAVE ANY PHYSICAL OR LEARNING DISABILITIES IN WHICH YOU REQUIRE REASONABLE ACCOMMODATIONS?

 YES NO IF YES, YOU NEED TO MAKE AN APPOINTMENT WITH THE ADA COORDINATOR IN COUNSELING PRIOR TO TAKING CLASSES

 REFER TO THE ADMISSION REQUIREMENTS ON OUR WEBSITE FOR SPECIFIC DETAILS REGARDING ENTRANCE REQUIREMENTS.
PLEASE REMEMBER THAT IT IS THE STUDENT'S RESPONSIBILITY TO MEET THE ADMISSION REQUIREMENTS.

I certify that I have read and understand the enclosed application information. I also certify that the above information is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation or falsification of information on this application may be cause for rejection of my application or for termination after acceptance into any Dietetic program.

 Applicant Signature **X** _____ Date of Application _____