



Application Checklist -- Distance Option University of Delaware Dietetic Internship Program

Please indicate your preference:

- Full-time
- Part-time

Check all materials being mailed with this application packet:

Items	Program Use Only
<input type="checkbox"/> Checklist for application	<input type="checkbox"/>
<input type="checkbox"/> Application	<input type="checkbox"/>
<input type="checkbox"/> Letter of application	<input type="checkbox"/>
<input type="checkbox"/> Application fee: \$50.00 check or money order made payable to the <i>University of Delaware</i> (nonrefundable)	<input type="checkbox"/>
<input type="checkbox"/> Official transcript(s)	<input type="checkbox"/>
<input type="checkbox"/> Academic institution's verification of didactic program in dietetics or intent to complete	<input type="checkbox"/>
<input type="checkbox"/> Three letters of recommendation	<input type="checkbox"/>
Facility/preceptor form	
<input type="checkbox"/> Community	<input type="checkbox"/>
<input type="checkbox"/> Clinical	<input type="checkbox"/>
Resume for each (main) preceptor	
<input type="checkbox"/> Community	<input type="checkbox"/>
<input type="checkbox"/> Clinical	<input type="checkbox"/>
Other: (optional)	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
_____	_____
Date materials mailed	Date received

Applicant's signature	