**Application for Master of Science in Applied Nutrition (MSAN)**

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| **Contact Information and Personal Data** | | | | | | | |
| * + - 1. Name: | Type First Name Here Type Last Name Here | | | | | | |
| * + - 1. Email address: | Type email address here | | | | | | |
| * + - 1. Phone number: | Type area code and phone number here | | | | | | |
| * + - 1. Mailing Address: | Address: | | Type mailing address here | | | | |
| Zip code: | | Type zip code here | | | | |
| City: | | Type city here | | | | |
| State: | | Type state here | | | | |
| Country: | | Type country here | | | | |
| * + - 1. United States Citizen: Check **yes** or **no** 🡪 | | | | | Yes | No | |
|  |  | |
| * + - 1. If you are not a US Citizen, what is your country of citizenship? | | | | Type country here | | | |
| * + - 1. Answer the following background questions by checking **yes** or **no** in the adjacent cells: | | | | | | | |
| * + - * 1. Have you ever been formally written up, put on probation, suspended, or terminated by a supervisor, employer, internship, or educational institution? | | | | | Yes | | No |
|  | |  |
| * + - * 1. Have you ever refused to attend an educational experience or rotation in a dietetic internship program? | | | | |  | |  |
| * + - * 1. Have you ever quit or withdrawn from a dietetic internship program? | | | | |  | |  |
| * + - * 1. Have you ever been convicted of a crime (Not including a minor traffic violation)? | | | | |  | |  |
| * + - * 1. If you answered yes to any of the questions in the number 7 section above, please explain in the cell below.  Note: Answering yes, does not disqualify you from being accepted into the program. Each situation will be evaluated based on your explanation. A representative from the selection committee may contact you for additional information. | | | | | | | |
| Explanation of any yes answers from above: | | Provide explanation here | | | | | |

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| **Program Option Selection** | | | |
| * + - 1. Program option to which you are applying:  Choose from the following by checking the box adjacent to the program option. *Note: You may select more than one option* | | | Check below |
| * + - * 1. **MSAN with Supervised Experiential Learning– Cape Girardeau, MO area** * Provides Future Education Model Graduate Program Verification Statement and MS Applied Nutrition degree. * Pre-requisite: DPD Verification Statement | | |  |
| * + - * 1. **MSAN with Supervised Experiential Learning – St. Louis, MO area** * Provides Future Education Model Graduate Program Verification Statement and MS Applied Nutrition degree. * Pre-requisite: DPD Verification Statement | | |  |
| * + - * 1. **MSAN with Supervised Experiential Learning – Poplar Bluff, MO/Bootheel area** * Provides Future Education Model Graduate Program Verification Statement and MS Applied Nutrition degree. * Pre-requisite: DPD Verification Statement | | |  |
| * + - * 1. **MSAN with Supervised Experiential Learning – Southern Illinois area** * Provides Future Education Model Graduate Program Verification Statement and MS Applied Nutrition degree. * Pre-requisite: DPD Verification Statement | | |  |
| * + - * 1. **MSAN with Supervised Experiential Learning – Remote Distance Option:** Sites can be completed anywhere in the U.S., Students arrange sites * Provides Future Education Model Graduate Program Verification Statement and MS Applied Nutrition degree. * Pre-requisite: DPD Verification Statement * **NOTE: If you choose this option, you must also submit the completed Preceptor Qualifications and Remote Distance Rotation Schedule templates with application materials.** | | |  |
| * + - * 1. **MSAN degree only. No Supervised Experiential Learning required.** * Provides MS Applied Nutrition degree only. * Pre-requisite: DPD Verification Statement and DI Verification Statement * **Note: This option is for applicants who have already completed an accredited Dietetic Internship or are already Registered Dietitians.** | | |  |
| **Test Scores and Academic Information** | | | |
| * + - 1. Provide your cumulative Grade Point Average (GPA): Note: You must also provide a transcript in your application email. | | Type GPA here | |
| * + - 1. Provide GRE Scores in the adjacent cells: Note: You must also provide the ETS Score Report in your application email. **Note: This is only required for applicants of the Pre-Select option. Any applicant may voluntarily provide GRE scores and the ETS Score Report.** | Score Type | Score | |
| Verbal Reasoning | Type score | |
| Quantitative Reasoning | Type score | |
| Combined Verbal + Quantitative | Type score | |
| Analytical Writing | Type score | |

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| **Experience Reporting** | | | |
| * + - 1. Report the total number of hours acquired in the cells below for work, volunteer, athletic, and leadership experiences acquired since beginning college.  Note: You will also be required to complete and submit the MSAN Experience Reporting Template document located on the MSAN webpage. | | | |
| Type of experience | | Total hours | |
| Paid Employment Experience | | Type hours | |
| Volunteer Experience | | Type hours | |
| Collegiate Athletic Experience | | Type hours | |
| Leadership Experience | | Type hours | |
| Total hours from all above types: | | Type hours | |
| **Application Certification** | | |
| * + - 1. Provide an electronic signature in the cell below to certify all information and statements provided in your application are true.   **By signing this document, you acknowledge the following**:   * Submission of the application does not guarantee acceptance into the MSAN program. * Program directors may request additional materials to support the content of your application. * Selection committee members may contact your DPD Director, Faculty, or Supervisors referenced in your application materials for confirmation of the materials provided in this application. * If accepted, you will be required to provide the required materials as outlined in the program handbook and on the program webpage. * Purposefully providing false or incomplete information in this application will be cause for denial of acceptance into the SEMO MSAN program. | | |
| Type your full legal name in the field below or insert an image of your electronic signature to sign: | Date: | |
| Click or tap here to enter text. | Click or tap to enter a date. | |