Master of Science in Applied Nutrition (MSAN)
DPD Verification Statement Progress Confirmation

First name	
Last name	

Instructions:

1. In the cells below, provide the DPD courses you have completed and the DPD courses in which you are currently enrolled.
   a. Note: You may need to refer to your DPD program manual/handbook or consult your DPD Director for a list of your DPD courses.
2. Send the document to your DPD Director and ask him/her to complete the steps in the DPD Director Instructions section below.
3. Once your DPD Director has returned this form, save the document as a PDF file. Include your first and last name with DPD Verification Statement Confirmation in the title.
4. Include this PDF file with the other application requirements in the zipped file required for the application email.

Completed DPD Coursework

Provide your completed DPD courses and semester completed in the cells below:

DPD course number and title	Semester completed

Completed DPD Coursework (continued)

Provide your completed DPD courses and semester completed in the cells below:

DPD course number and title	Semester completed

In-Progress DPD Coursework

Provide any DPD courses in which you are currently enrolled or have not yet completed in the cells below:

DPD course number and title	Semester completed

DPD Director Section

DPD Director Instructions:

1. Review the applicant's DPD completed and in-progress course lists above.
2. If the course lists are accurate and meet DPD verification statement requirements, confirm in the signature block below.
3. Send the completed document back to the applicant and explain if the applicant is on pace to meet DPD verification statement requirements.
4. Please email the selection committee at msan@semo.edu if you would like to provide any additional comments about the applicant:
   a. This is completely optional
   b. If you choose to provide a comment, please provide the applicant's name in the subject line of the email
   c. It would be beneficial for our selection committee if you can provide additional comments to help us evaluate the applicant's ability to complete the MSAN program
   d. Ideas for comments that may be beneficial:
      i. Areas of concern/weaknesses
      ii. Strengths/ unique characteristics

DPD Director's name:	
Institution:	
Division/Department:	
Address:	
Phone number:	
Email Address:	

Provide an electronic signature in the cell below to certify all information on this template. By signing this document, you acknowledge and confirm the following to the best of your knowledge:

- The applicant has completed the above DPD courses.
- The applicant is enrolled in the DPD courses listed above.
- After successfully completing the in-progress DPD courses, the applicant will meet all criteria required to earn a verification statement for your program.
- Selection committee members may contact you or your program's faculty for confirmation of the materials provided in this applicant's materials.

Provide your full legal name here:	
Provide the date you signed this document:	
Provide electronic or digital signature here:	