

## Application for Master of Science in Applied Nutrition (MSAN) Remote Distance Schedule Template

First name	

### Instructions:

1. Complete the cells in the tables below.
2. Once you have completed this form, save the document as a PDF file. Include your first and last name with Remote Distance Schedule and your name in the title.
3. Include this PDF file with the other application requirements in the zipped file required for the application email.

### Additional considerations for completing this document and the Preceptor & Facility Information Template:

- Community rotations (public health, WIC, sports nutrition, long term care, etc...) should be scheduled for the fall semester (Dates: 8/23/21-12/17/21).
- Clinical and foodservice management rotations should be scheduled to occur during the spring semester (Dates: TBD).
- If accepted to the program, your schedule may change prior to the commencement of your rotations. This template and the Rotation Schedule template are intended to create a guide for planning your rotations. Your rotation schedule will be finalized during your first summer term of coursework.
- The program requires that you complete 1000 hours of supervised practice. If you schedule 40 hours of supervised practice per week for 32 weeks (16 weeks per fall and spring semester), you will exceed 1000 hours. It is recommended to schedule greater than 1000 hours of supervised practice to account for any missed days, illness, family emergencies, etc....
- Refer to the Remote Distance Schedule Example provided on the MSAN webpage for an example of how to complete this document.
- If you are unsure how to characterize a rotation (clinical, community, food service), please email [msan@semo.edu](mailto:msan@semo.edu) for guidance.

**Fall Semester**

Week	Rotation Type	Planned Hours	Facility Name	Preceptor Name and Email
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
	Total hours			

**Spring Semester**

Week	Rotation Type	Planned Hours	Facility Name	Preceptor Name and Email
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
	Total hours			