

# FORM A

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

SID: \_\_\_\_\_

I will pick up my documents for Non-DICAS Programs.  
Mail documents for Non-DICAS Programs to my diploma or permanent address (as listed on my official student record in the Registrar's Office).  
I am also applying for scholarships.

## EARLY DEADLINE (PRIOR TO MID-FEB DATE) ONLY:

\* Check Box for Non-DICAS Program

- 1) **Deadline Date:**  \_\_\_\_\_  
Name of Internship: \_\_\_\_\_  
City, State: \_\_\_\_\_
- 2) **Deadline Date:**  \_\_\_\_\_  
Name of Internship: \_\_\_\_\_  
City, State: \_\_\_\_\_
- 3) **Deadline Date:**  \_\_\_\_\_  
Name of Internship: \_\_\_\_\_  
City, State: \_\_\_\_\_

## Course Schedule - List All Classes:

Winter Quarter: \_\_\_\_\_ Spring Quarter: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Major:** \_\_\_\_\_  
**Graduation Date:** \_\_\_\_\_

## Regular Deadline Internships:

\* Check Box for Non-DICAS Program

- 4) Name of Internship:  \_\_\_\_\_  
City, State \_\_\_\_\_
- 5) Name of Internship:  \_\_\_\_\_  
City, State \_\_\_\_\_
- 6) Name of Internship:  \_\_\_\_\_  
City, State \_\_\_\_\_
- 7) Name of Internship:  \_\_\_\_\_  
City, State \_\_\_\_\_
- 8) Name of Internship:  \_\_\_\_\_  
City, State \_\_\_\_\_
- 9) Name of Internship:  \_\_\_\_\_  
City, State \_\_\_\_\_
- 10) Name of Internship:  \_\_\_\_\_  
City, State \_\_\_\_\_

**Did you complete your entire Didactic Program in Dietetics at UC Davis?**

**If No - Complete the Following:**

<u>Transfer Course:</u> _____	<u>Location Taken:</u> _____
_____	_____
_____	_____
_____	_____

## Recommendations Requested From:

Person's Name:  
(Nutrition Affiliates Only)

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