

**DECLARATION OF INTENT TO COMPLETE  
DEGREE AND/OR CAADE-APPROVED  
MINIMUM ACADEMIC REQUIREMENTS**



**COMMISSION ON ACCREDITATION/APPROVAL  
FOR DIETETICS EDUCATION**  
The American Dietetic Association  
216 West Jackson Boulevard  
Chicago, IL 60606-6995

Based upon courses already completed, projected courses listed below, and completion of at least a baccalaureate degree, the following applicant will meet the minimum academic requirements for the Didactic Program in Dietetics approved by the Commission on Accreditation/Approval for Dietetics Education (CAADE) of The American Dietetic Association.

**Applicant's name:** \_\_\_\_\_

**College or University Didactic Program in Dietetics:** \_\_\_\_\_

**Degree granted or to be granted:** \_\_\_\_\_

**Month/Year Degree completed or to be completed:** \_\_\_\_\_

**College or University conferring Degree, if different from above:** \_\_\_\_\_

Attach official transcript(s) for courses completed to date.

LIST COURSE(S) AND DATES(S) OF PROJECTED COMPLETION  
CAADE-Approved Minimum Academic Requirements

Electives:

Didactic Program Director Name: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_