|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FORM A – Faculty/Staff Recommendation Letter Request**  Attach your resume, personal statement (letter of intent), photocopy of your unofficial college transcripts (including your most recent UCD transcript), and the signed *“Authorization For Disclosure of Information.”*  **(Turn in to the Advising Department Office via e-mail (**[**nutforms@ucdavis.edu**](mailto:nutforms@ucdavis.edu)**)**  **– DUE at least 30 days prior to deadlines –**  **- For deadlines in January, February, & March, the deadline is the first Monday of Winter Quarter -** | | | | | | | | | |
| Name: | | | | | Phone: | | | | |
| E-Mail: | | | | | Recommender: | | | | |
| Anticipated/Actual Graduation Date: | | | | | | | | | |
| Current GPAs: | | UCD Undergrad:  Transfer Undergrad:  Overall (UCD + transfer):  Graduate (if applicable): | | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ | | If applying to Supervised Practice (DIs):  DPD Overall:  DPD Professional:  DPD Science: | | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ | |
| I am applying to: | | | | | | | | | |
| Master’s/PhD Master’s Coord. Grad. Master’s Future Grad. Master’s w/ DI DI Other | | | | | | | | | |
| **DATE OF FIRST DEADLINE**: | | | | | | | | | |
| **GRADUATE SCHOOL PROGRAMS:**  Check box for each program that includes Supervised Practice/Dietetic Internship hours | | | | | **COURSES TAKEN FROM THIS INSTRUCTOR:** | | | | |
| 1. | **Deadline Date:** | |  | | **Course:** | | **Quarter/Year:** | | **Grade:** |
|  | Program Name: | |  | |  | |  | |  |
|  | University: | |  | |  | |  | |  |
|  | Degree Pursuing: | |  | |  | |  | |  |
|  | Subject Area: | |  | |  | |  | |  |
|  | City, State: | |  | | **OTHER INSTITUTIONS ATTENDED/DEGREES/ CERTIFICATIONS: (In Chronological Order)** | | | | |
|  | Additional info: | |  | |
| 2. | **Deadline Date:** | |  | |  | | | | |
|  | Program Name: | |  | |  | | | | |
|  | University: | |  | |  | | | | |
|  | Degree Pursuing: | |  | |  | | | | |
|  | Subject Area: | |  | |  | | | | |
|  | City, State: | |  | |  | | | | |
|  | Additional info: | |  | |
| 3. | **Deadline Date:** | |  | |
|  | Program Name: | |  | |
|  | University: | |  | |
|  | Degree Pursuing: | |  | | **ATTACH PHOTO HERE (required):** | | | | |
|  | Subject Area: | |  | |
|  | City, State: | |  | |
|  | Additional info: | |  | |
| 4. | **Deadline Date:** | |  | |
|  | Program Name: | |  | |
|  | University: | |  | |
|  | Degree Pursuing: | |  | |
|  | Subject Area: | |  | |
|  | City, State: | |  | |
|  | Additional info: | |  | |
| 5. | **Deadline Date:** | |  | |
|  | Program Name: | |  | |
|  | University: | |  | |
|  | Degree Pursuing: | |  | |
|  | Subject Area: | |  | |
|  | City, State: | |  | |
|  | Additional info: | |  | |
|  | | | | | | | | | |

|  |  |
| --- | --- |
|  | Page 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| **GRADUATE SCHOOL PROGRAMS (CON’T):**  Check box for each program that includes Supervised Practice/Dietetic Internship hours | | | |
| 6. | **Deadline Date:** |  |
|  | Program Name: |  |
|  | University: |  |
|  | Degree Pursuing: |  |
|  | Subject Area: |  |
|  | City, State: |  |
|  | Additional Information: |  |
|  |  |  |
| 7. | **Deadline Date:** |  |
|  | Program Name: |  |
|  | University: |  |
|  | Degree Pursuing: |  |
|  | Subject Area: |  |
|  | City, State: |  |
|  | Additional Information: |  |
|  |  |  |
| 8. | **Deadline Date:** |  |
|  | Program Name: |  |
|  | University: |  |
|  | Degree Pursuing: |  |
|  | Subject Area: |  |
|  | City, State: |  |
|  | Additional Information: |  |
|  |  |  |
| 9. | **Deadline Date:** |  |
|  | Program Name: |  |
|  | University: |  |
|  | Degree Pursuing: |  |
|  | Subject Area: |  |
|  | City, State: |  |
|  | Additional Information: |  |
|  |  |  |
| 10. | **Deadline Date:** |  |
|  | Program Name: |  |
|  | University: |  |
|  | Degree Pursuing: |  |
|  | Subject Area: |  |
|  | Address: |  |
|  | City, State: |  |
|  | Additional Information: |  |
|  |  |  |
| 11. | **Deadline Date:** |  |
|  | Program Name: |  |
|  | University: |  |
|  | Degree Pursuing: |  |
|  | Subject Area: |  |
|  | City, State: |  |
|  | Additional Information: |  |

|  |  |
| --- | --- |
|  | Page 3 |

Please rate yourself on the qualities listed below by checking the appropriate box.

O – Outstanding; MS - More than Satisfactory; SAT – Satisfactory; NI - Needs Improvement, U - unsatisfactory

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **O** | **MS** | **SAT** | **NI** | **U** |
| **A****pplication of Knowledge**  Nutrition Content |  |  |  |  |  |
| Medical Nutrition Therapy |  |  |  |  |  |
| Foodservice Management |  |  |  |  |  |
| Research Methods |  |  |  |  |  |
| **Analytical Skills/Problem Solving** |  |  |  |  |  |
| **Conceptual Skills** |  |  |  |  |  |
| **Communication Skills**  Oral |  |  |  |  |  |
| Written |  |  |  |  |  |
| **Interpersonal Skills**  Peers/Co-Workers |  |  |  |  |  |
| Teachers/Supervisors |  |  |  |  |  |
| **Leadership Potential** |  |  |  |  |  |
| **Initiative/Motivation** |  |  |  |  |  |
| **Punctuality** |  |  |  |  |  |
| **Adaptability** |  |  |  |  |  |
| **Reaction to Stress** |  |  |  |  |  |
| **Perseverance** |  |  |  |  |  |
| **Creativity** |  |  |  |  |  |
| **Organizational Skills** |  |  |  |  |  |
| **Works Independently** |  |  |  |  |  |
| **Responsibility/Maturity** |  |  |  |  |  |
| **Overall Potential as a Dietitian (if applicable)** |  |  |  |  |  |
| **Overall Potential as a Grad Student (if applicable)** |  |  |  |  |  |
| **Overall Potential in Your Chosen Field** |  |  |  |  |  |

|  |  |
| --- | --- |
|  | Page 4 |
| **List any work or volunteer experience that you have had. Indicate where you worked, when you worked there, and describe the work that you did. Include any foodservice management, clinical, or community nutrition work experience. Designate which positions were paid and which were volunteer/work-learn. Refer to resume if appropriate. We want ALL experiences; not just what is on your resume.** | |
|  | |
| **List any other information that will help the faculty member write a letter of recommendation. If you have chosen nutrition, foods, or other science courses as electives, list them here. If you have done any special projects or individual studies, describe them here. Indicate any special circumstances (illness, working part or full-time, commuting more than 20 miles/day, etc.) that may have affected your educational performance while you have been in school. List any special skills (computer programming, foreign languages, etc.) that you may possess.** | |
|  | |
|  | |
|  | Page 5 |
| **List any extra-curricular activities in which you have taken part. Identify any leadership roles (i.e. officer, committee member, committee chair, etc.) that you have held. Include honor societies, student groups, religious organizations, youth groups, mentorships, and athletics.** | |
|  | |
| **Are there any specific reasons why you want to go to these particular graduate schools/programs?** | |
|  | |
|  | |
|  | Page 6 |
| **What are your plans and ambitions?** | |
|  | |
| **Explain why you feel that you should be accepted rather than another applicant.** | |
|  | |

|  |  |
| --- | --- |
|  | Page 7 |
| **List 5 adjectives that best describe you and describe why.** | |
| 1.  2.  3.  4.  5. | |
| **List two weaknesses or qualities that need further development and describe why.** | |
| 1.  2. | |

