



Supplemental Application

Combined Master of Science in Clinical Nutrition/Dietetic Internship
OHSU School of Medicine - Graduate Programs in Human Nutrition

Name (Last, First, Middle) _____ Other name(s) used: _____

Entering: Summer 2015

*Social Security No.: _____ Previous application to OHSU? _____
Year Program

Current Address: _____
Number & Street City State Zip Country

Permanent Address: _____
Number & Street City State Zip Country

E-mail: _____ Day Phone: _____ Evening Phone: _____

Birthdate: _____ Birth Place: _____ Sex: Male Female
MM DD YYYY

To comply with federal statistical requirements, OHSU must ask for the following information. We encourage you to provide your ethnicity and race, but doing so is voluntary.

What is your ethnicity? Hispanic or Latino Not Hispanic or Latino

Select one or more races to indicate what you consider yourself to be:

- | American Indian or
Alaska Native | Asian | Black or African
American | Native Hawaiian or
other Pacific Islander | White |
|--|--|---|---|---|
| <input type="checkbox"/> American Indian or
Alaska Native | <input type="checkbox"/> Chinese
<input type="checkbox"/> Filipino
<input type="checkbox"/> Indian
<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Asian, Other | <input type="checkbox"/> Black or African
American | <input type="checkbox"/> Native Hawaiian
or Other Pacific Islander | <input type="checkbox"/> Eastern European
<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> White, Other |

If Hispanic or Latino, choose one: Cuban South or Central American
 Mexican or Mexican American Spanish
 Puerto Rican Hispanic, Other

Were you ever required to leave any college or denied readmission for any reason?

- Yes (If yes, explain fully)
- No

Have you ever been convicted of a misdemeanor or felony, including DUII?

- Yes
- No

Have you ever been found guilty except for insanity, mental disease, defect, etc. or not guilty by reason of insanity, mental disease, defect etc. in any proceedings in which you were charged with a misdemeanor or felony, including DUII?

- Yes
- No

Do you currently have an arrest or criminal charge pending, including DUII that has not reached final disposition in the criminal justice system?

- Yes
- No

If the answer to either of the above questions is "yes," indicate the crime involved, any sentence imposed, and the year(s), state, and country in which the legal proceedings took place.

SHOULD THE ANSWER TO ANY OF THE ABOVE QUESTIONS BECOME "YES" BETWEEN SUBMISSION OF THIS APPLICATION AND AN ACCEPTED APPLICANT'S ENROLLMENT AT OHSU, THE INDIVIDUAL MUST INFORM THE PROGRAM DIRECTOR BEFORE ENROLLMENT.

***Social Security Number Disclosure and Consent Statement**

You are requested to provide voluntarily your Social Security number to assist OHSU (and organizations conducting studies for or on behalf of OHSU) in developing, validating, or administering predictive tests; administering student aid programs; improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent workforce experiences. OHSU will disclose your Social Security number only if the studies are conducted in a manner that does not permit personal identification of you by individuals other than representatives of OHSU (or the organization conducting the study for OHSU) and only if the information is destroyed when no longer needed for the purposes for which the study was conducted. By providing your Social Security number, you are consenting to the uses identified above. This request is made pursuant to ORS 353.050 and chap.162, Or. Laws, 1995. Provision of your Social Security number and consent to its use is not required, and if you choose not to do so, you will not be denied any right, benefit or privilege provided by law. You may revoke your consent for the use of your Social Security number at any time by writing to: Oregon Health & Science University, Registrar's Office, L109A, 3181 S.W. Sam Jackson Park Road, Portland, OR 97239-3098

I have carefully read the questions above and have answered them completely, without reservation of any kind. I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application I hereby agree that such act shall constitute cause for denial of admission to and/or dismissal from courses at the Oregon Health & Science University.

Student's Signature

Date