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Application for Admission

Master of Science in Human Nutrition

OHSU School of Medicine - Graduate Programs in Human Nutrition

# Components of the application packet include:

* Signed and dated application
* Current resume (include a detailed employment history)
* Personal statement
* Official transcripts from each college or university attended or most recent OHSU transcript for current OHSU dietetic interns
* Three recommendations (see Recommendation Form on website)
* Dietetic internship verification statement or proof of status as a Registered Dietitian (requirement waived for current OHSU dietetic interns)
* Official TOEFL scores, if applicable
* Application fee of $70.00 (fee waived for current OHSU dietetic interns)

A complete application and all supporting material must be postmarked on or before **March 1, 2020.** The application must be typed and you must sign and date the application on the last page.

## Send the complete application packet or Deliver in person directly to:

Graduate Programs in Human Nutrition

OHSU

3181 SW Sam Jackson Park Rd.

Mail Code: GH207

Portland, OR 97239

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Application for Admission

Master of Science in Human Nutrition

OHSU School of Medicine - Graduate Programs in Human Nutrition

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



Application for entry in summer of \_\_\_\_\_\_\_ (Year)

\*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male 🞏 Female 🞏

MM DD YYYY

**To comply with federal statistical requirements, OHSU must ask for the following information from applicants. We encourage you to provide your ethnicity and race, but doing so is voluntary. Information is not shared with the selection committee.**

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 Asian Black or African Native Hawaiian or White**

**Alaska Native\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ American\_\_\_\_\_\_\_\_\_\_\_\_\_ other Pacific Islander\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ American Indian or □ Chinese □ Black or African □ Native Hawaiian □ Eastern European

Alaska Native □ Filipino American or Other Pacific Islander □ Middle Eastern

□ Indian □ White, Other

□ Japanese

□ Korean

□ Vietnamese

□ Asian, Other

If Hispanic or Latino, choose one: □ Cuban □ South or Central American

□ Mexican or Mexican American □ Spanish

□ Puerto Rican □ Hispanic, Other

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| --- | --- |
| **Check the program option you are applying for:** | 🞎 Master of Science in Human Nutrition – Thesis option |
| 🞎 Master of Science in Human Nutrition – Capstone (non-thesis) option |

## Personal Statement

For those applying to the MS program with a thesis option, please include with your application a typed statement that addresses your professional career goals, your motivation for graduate study, research interests/experience and any scientific publications or presentations you have authored.

For those applying to the MS program with a capstone (non-thesis) option, please include with your application a typed statement that addresses your professional career goals, your motivation for graduate studies, relevant experiences in teaching, research, publishing, and/or volunteering and how our program will help you achieve your academic and professional goals.

## Education

List in chronological order, beginning with the most recent, all colleges and universities attended. An official transcript is required from each institution and must arrive at OHSU in an official, sealed envelope on or before the application deadline. Current OHSU dietetic interns must only submit their most recent OHSU transcript.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Institution | Campus Location  (City & State) | Dates Attended | Degree & date conferred/ expected | Field of Study | Grade Point Average  (A=4 points) |
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## Recommendations

List the names and provide the other requested information for at least three individuals you have asked to submit a recommendation form on your behalf. If you have research experience, it is recommended that a recommendation be provided from your research supervisor(s). Letters should be enclosed with the application in a sealed envelope with the recommender’s signature across the flap or sent directly to the program.

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| --- | --- | --- | --- | --- | --- |
| Name | Title | Department | Institution | Phone Number | Email |
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## Standardized exams, iF applicable

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| The **Test of English as a Foreign Language** (TOEFL) is required of students for whom English is not their native language. An official report of the scores must still be sent by ETS to OHSU (*Institution Code 4865*). | | |
| **Exam Date (mo/yr)** |  | **Total Score** |
| ***Computer Based Exam*** | |  |
| ***Handwritten Exam*** | |  |

## Verification Statement

For current/recent graduates of a dietetic internship program (individuals who have yet to become a Registered Dietitian with the Commission on Dietetics Registration), the application packet must contain an original signed Verification Statement signifying completion of a dietetic internship program accredited by Accreditation Council for Education in Nutrition and Dietetics (ACEND) or a letter from your dietetic internship director stating that you are in good standing in the program with the intent to complete the dietetic internship prior to matriculation at OHSU. This requirement is waived for current OHSU dietetic interns. **Applicants who are Registered Dietitians must provide official documentation from the Commission on Dietetics Registration signifying current status as a registered dietitian. Registered Dietitians should call the Commission on Dietetics Registration at 1-800-877-1600 ext 5500 and provide name and RD # and request an official RD verification letter to be sent directly to the Graduate Programs in Human Nutrition.**

## Additional informatioN

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

🞏 Yes (If yes, explain fully on a separate page)

🞏 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: OHSU, Registrar’s Office, L109A, 3181 S.W. Sam Jackson Park Road, Portland, OR 97239-3098

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| **I have carefully read the questions in the foregoing application 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 OHSU.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature Date |

## Signature