

4/2010

KSU Coordinated Program Applicant Information Form

Date _____

Name _____
(Last) (First) (Middle/Maiden)

Present Address _____
(Street) (Apt #)

(City) (State) (Zip Code) (Phone)

Permanent Address _____
(Street) (Apt #)

(City) (State) (Zip Code) (Phone)

E-Mail Address which you will be actively using for the next 3 months. If you have more than one e-mail address, please list both. It is critical that you keep the program director informed of any changes in your e-mail address and/or other contact information.

KSU E-Mail Address _____

Secondary E-Mail Address _____

Telephone number where you can be reached before the management semester starts _____
()
Area Code

KSU Student ID # _____

Foreign Applicants: Designate Immigration Status

Expiration Date:

Semester You Wish to Start the Management Semester _____

4/2010

Do you already hold another degree? _____ Yes, _____ No

What is the degree _____

Major? _____

School? _____

Names and Contact Information for Individual Completing Recommendation Form(s) for you:

Name:

Phone:

Email Address:

Statement of location preference for management and clinical semesters:

Management:

Community summer location:

Clinical:

Do you have a current driver's license? _____ Yes _____ No

If accepted into the program, will you be able to provide your own transportation to practicum sites?

_____ Yes _____ No

Briefly explain if necessary.

If accepted into the program, will you be available to work a variety of work shifts to include early mornings, evenings and weekends if necessary? _____ Yes _____ No

Briefly explain if necessary.

If accepted into the program, will there be anything preventing you from assuring that quality standards regarding food, supplements or other products are acceptable? This would include tasting, handling and serving a variety of food or supplement items. _____ Yes _____ No

Briefly explain if necessary.