

NORTH CAROLINA CENTRAL UNIVERSITY-DIP

Supplemental Application Material Requirements

Please complete application below and send with supplemental application fee of \$50.00

Make check to : NCCU-Dietetic Internship

Date (DD/MM/YYYY)	
Name	
Street	
City, State, Zip Code	
Telephone Number (including Area Code)	
Birth Date	____mo.____day____year
Didactic Program Attended	
Social Security Number	
Graduate program if Applicable	
Taken GRE Exam (Yes/No) Year taken_____	
GRE Score (Verbal/Analytical/Written) Indicate old or new scoring system. Please list % ranking.	
Year of DPD completion ((DD/MM/YYYY)	
Enclosed Supplement Application fee (Yes/No)	
Read DIP information on website and is clear (Yes/No/unsure)	

Mail the Supplemental Application and \$50.00 Fee, postmarked by February 15, 2018 to the following address:

Kimberly Powell, Ph.D., R.D., LDN
Director, Dietetic Internship Program
Department of Human Sciences
North Carolina Central University
P.O. Box 19615
Durham, NC 27707.
e-mail: kpowel34@nccu.edu

Telephone: 919-530-5257/ 530-6477or 919-530-7138. Monday to Friday, 9:00 am to 5:00 p.m. eastern time

CHECK LIST FOR DIETETIC INTERNSHIP APPLICATION

INSTRUCTIONS: Please complete the following items by checking to show that they are present and being sent with your completed application packet. Submit this checklist with your application

- Name _____ Date _____
1. Completed and electronically submitted Application form to DICAS _____
 2. Completed and submitted Supplement Application Materials to NCCU _____
 3. Non-refundable Supplemental Application DIP \$ 50.00 Fee _____
 4. Completed and electronically submit ranked choices to D & D Digital System with the \$50.00 fee _____
 5. Completed on line the Graduate School Application Form (Please submit **after** acceptance into the Program. Apply by **May 1, 2018**) _____
 6. Submitted Three Recommendations/References via DICAS _____
 7. Official Transcripts from all post-secondary institutions to DICS with month, day, and year of earned degree. _____
 8. Submitted to DICAS, the Verification/Intent to Graduate Statement with Month, day, and year of earned degree _____
 10. Submitted GRE scores with Supplemental Application _____
 11. This application Check List _____

For Office Use:

Application packet post-marked _____ Received

GPA: Overall _____

Professional _____

DPD Sciences _____

Other _____

GRE Scores and Percentiles _____