



Individualized Supervised Practice Program (ISPP)
Department of Nutrition and Dietetics

Please print and complete the following items, then mail the form to:
Department of Nutrition & Dietetics, University of North Florida, Bldg. 39/Room 3042, 1 UNF Drive, Jacksonville, Florida 32224
Upon receipt of the application, the applicant will receive confirmation via the primary e-mail address included below.

1. U.S. Social Security Number
2. Nation of Citizenship
Last Name First Name Middle Name

3. Enter here any name(s) other than those listed above:
4. Female Male
5. Date of Birth Month Day Year

6. Race/Ethnicity (please check one): Applicants are requested to provide this information voluntarily. This information will not be utilized in a discriminatory manner.
Hispanic or Latino: Yes No
Please check all that apply: American Indian or Native Alaskan Black or African American White
Native Hawaiian or Pacific Islander Asian

7. PRINT your permanent address: All university correspondences will be mailed to this address.
Number and Street Address
City State/Nation Zip
Primary Email Address (required)
Home Phone Cell Phone Work Phone

8. In case of an emergency, indicate the person you request the university to contact:
Last Name First Name
Number and Street Address
City State/Nation Zip
Home Phone Cell Phone Work Phone

Important: You must read and sign the following section in order to complete your application to this university.
I understand and agree that I will be bound by the University's regulations concerning application and admission requirements. I further agree to release any transcripts, student records, and test scores to UNF. I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies, rules, and regulations of the University. Should any of the information I have given change prior to my entry to the University, I will immediately notify the ISPP Director, Department of Nutrition & Dietetics, University of North Florida, Bldg. 39/Room 3042, University of North Florida, 1 UNF Drive, Jacksonville, Florida 32224; Telephone: 904-620-1429.

(Signature) (Date)

Administrative Use Only:

Sent by ISPP Program Received by ESP
Date: Date: