



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: _____