**Dietetic Internship Application**

This application must be submitted to the Natural Sciences Department accompanied by the following documents:

Stamp by LAU Health Services Office

LAU transcript

1-page personal statement

Medical Clearance Form Initiation

**Name First: Last: Middle:**

**LAU ID:**

**Nationality/Nationalities:**

**E-mail Address: Phone:**

|  |
| --- |
| **Current Address:** |
| Street :  | Apt# |
| City: |

**Actual or Expected Date of graduation (Month/Year):**

**Language Proficiency:**

**Preferred Internship Starting Date:**

Summer …….

 Fall ……..

Spring ……..

**Preferred Internship Length:**

Six months

 Nine months

Twelve months

**Grade Point Averages (GPA):**

Overall Undergraduate: Major courses:

**Education:** *list all colleges or universities attended, with most recent listed first*

|  |  |  |
| --- | --- | --- |
| **College/University** | **Start & End Dates****(Month/Year)** | **Degree Earned** |
|  |  |  |
|  |  |  |
|  |  |  |

**Honors and/or extracurricular activities after beginning college:** *list organizations, appointed or elected offices held, scholarships, honors, & certifications received. Include dates for honors, if any:*

**Work Experiences/ Internships:**

**Certification**

**Place and Date: Signature:**