

**ADAGIO HEALTH/DIETETIC INTERN
ADDENDUM TO APPLICATION
(Must be completed and returned with the application)**

NAME: _____

Overall GPA _____

Nutrition GPA _____

Full Time or Part Time Status requested (circle one)

Full Time

Part Time

Date received BS

(Month/year)

(Name of Facility)

Date received MS

(Month/year)

(Name of Facility)

Please list all Clinical/Management Experience:

Employer's Name	Vol. or Paid (Check One)		Position Title	Dates of Employment		Hours worked per week
				To	From	

Please list all WIC or Community Nutrition Related Experience:

Employer's Name	Vol. or Paid (Check One)		Position Title	Dates of Employment		Hours worked per week
				To	From	

Please list all Communication/Outpatient Skill Experience:

Employer's Name	Vol. or Paid (Check One)		Position Title	Dates of Employment		Hours worked per week
				To	From	

****Please attach your current resume to this sheet.**