



University of Nevada, Reno

### UNR Dietetic Internship Supplemental Application Form

#### Please Complete the Following Information

Name:
Address:
Street:
City, State, Zip Code:
Telephone Number with Area Code:
Your Didactic Program (DPD):
Indicate Site Preference for completion of the internship: ___ Reno ___ Las Vegas ___ Either Reno or Las Vegas

***NOTE: All efforts are made to accommodate your site preference for the completion of the internship. However, site location cannot be guaranteed. Final determination of site location for the completion of the internship will be determined after the program receives final match results. Your signature below, confirms your acceptance of this policy.***

---

Signature

Date

Mail **\$50 Application Fee Check** (Payable to Board of Regents) and this **Supplemental Internship Application Form** to:

Karon Felten, MS, RD, Director Dietetic Internship Program  
Dept. of Nutrition  
MS 202  
Reno, NV 89557

Must be postmarked by the D & D Digital deadline for online matching registration for computer matching.

**Contact information for questions: (775) 784-6446 or [kfelten@cabnr.unr.edu](mailto:kfelten@cabnr.unr.edu)**