



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:	
Institution granting your DPD Verification.	
Institution granting your master's degree.	
Indicate Site Preference for completion of the internship:	
<input type="checkbox"/> Reno	<input type="checkbox"/> Las Vegas <input type="checkbox"/> 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

\$50 Application Fee to be Paid Using the UNR DIP Credit Card Payment Form Below

UNR DIP Credit Card Payment Form

I hereby authorize the University of Nevada Reno's Cashier's Office to charge my credit card as detailed below. Please sign and date this form and include with the Supplemental Application

Credit card type: VISA Mastercard Discover American Express

Card Number: _____ CVC #: _____

Expiration date on card: _____

Billing Address: _____
Street or PO Box

City State Zip Code

This payment is for the UNR DI Program Supplemental Application Fee: Yes ___

UNR Dietetic Internship Program Supplemental Application fee RC 0007; PG 00036

Applicant's Full Name: _____

Amount you are authorizing us to charge on your card: \$ _____

Authorized signature on card: _____ Date: _____ I

authorize payment for the above applicant on the credit card listed above

Printed Name: _____

Phone number for authorized signature: _____

Cashier's
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(775)327-2296 fax
Email: cashiersoffice@unr.edu