**Applicant Information Form**

**The Dietetic Internship at Hunter College, City University of New York**

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| --- | --- |
| NAME |  |
| CURRENT ADDRESS |  |
| PERMANENT ADDRESS |  |
| EMAIL ADDRESS  |  |
| PHONE NUMBER WHERE YOU CAN BE REACHED ON APPOINTMENT DAY |  |
| Please write a ***brief*** (300 words or less) statement describing why you would be a good match for the Hunter Dietetic Internship. |
|  |

Attach a check or money order for **$75**, payable to: **Nutrition and Food Science –Hunter College** and mail to:

**Allison Marshall, MS RDN CDN CDCES**Director, Dietetic Internship Program
Hunter College
School of Urban Public Health
Silberman Building, Room 503
2180 Third Avenue
New York, NY 10035