

## 2015-2016 DIETETIC INTERNSHIP APPLICATION

Student ID (Office Use Only)

Please type or print.

Date

Birthdate (M/D/Y)

SS# (Last 4 digits)

☐ Male

☐ Female

XXX-XX-

### SECTION 1

Last Name

First

Middle

Former Name(s)

Mailing address

Address

Home phone

( )

City

State

Zip

Cell phone

( )

Permanent address (if different)

Phone ( )

Address

E-mail

City

State

Zip

Please attach photograph here.  
(Required for international students,  
optional for others)

Emergency contact:

Name

Address

Daytime phone

Relationship

Have you previously applied to Bastyr University? ☐ Yes ☐ No

If Yes Year: Program

Are you currently enrolled? ☐ Yes ☐ No (If yes, move to Section 3. If no, continue to Section 2.)

For Office Use Only

### SECTION 2

U.S. Citizen ☐ Yes ☐ No Perm resident # A-

Birthplace

Visa type

Country of Citizenship

Ethnic origin (optional)

☐ American Indian/Alaskan Native

☐ Black/African American

☐ White/Caucasian

☐ Asian American /Pacific Islander

☐ Hispanic

☐ Other

How do you plan to finance your education *(List amounts or percentages)*

☐ Loans \_\_\_\_\_ ☐ Family \_\_\_\_\_ ☐ Savings \_\_\_\_\_ ☐ Work \_\_\_\_\_

☐ Other (specify) \_\_\_\_\_

What are the different ways you heard about Bastyr University? *(Check all that apply.)*

☐ Bastyr University website ☐ friend ☐ health care provider ☐ workshop/event ☐ direct mail/flyer ☐ newspaper insert

☐ ad specify publication(s) \_\_\_\_\_ ☐ other website-please specify \_\_\_\_\_

☐ other \_\_\_\_\_

Please list other programs/colleges/universities to which you are applying:

### SECTION 3

If you have consulted a member of the Bastyr University staff or faculty regarding your admission, please list contact names here:

Have you ever been licensed as a health care provider? ☐ Yes ☐ No If yes, please describe

Have you ever had a health care license revoked? ☐ Yes ☐ No If yes, please attach explanation on separate sheet.

Have you ever had any malpractice actions filed against you? ☐ Yes ☐ No If yes, please attach explanation on separate sheet.

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please attach explanation on separate sheet.

I certify that the information in this application is complete and correct to the best of my knowledge. I have enclosed my non-refundable application fee. I am aware that deliberate falsification of any admissions information or documents is grounds for rejection or dismissal from Bastyr University.

Signature

Date

Bastyr University is an equal opportunity institution. We do not discriminate in matters of employment or participation in programs, services or benefits on the basis of gender, race, creed, color, religion, national origin, age, sexual orientation, gender identification, individuals with disabilities or veterans' status. Our programs, services and facilities are accessible to individuals with disabilities. Please contact the University in advance if you require special accommodation due to a disability.

**Mail materials to:**

Bastyr University  
Admissions Office  
14500 Juanita Drive NE  
Kenmore, WA 98028-4966