

# Preview Survey - "UTSA Coordinated Program in Dietetics Application"

## College for Health, Community & Policy-Nutrition and Dietetics Joint Degree: BS in Nutrition and Dietetics / MDS of Dietetic Studies

The Bachelor of Science in Nutrition and Dietetics & Master of Dietetic Studies is a joint degree that is known as the Coordinated Program in Dietetics. The Master of Dietetics Studies (MDS) is a non-thesis option with an emphasis in Health Promotion and Disease Prevention and Treatment. Students who have met all undergraduate program requirements will transition to the Masters portion of the program (graduate application fee will apply). Didactic and introductory supervised experiences are part of the curriculum and serve as a foundation of the program. Students who successfully complete the joint degree within the program receive a verification statement that certifies their eligibility to take the Commission on Dietetics Registration national examination to become a Registered Dietitian (RD/RDN).

### Applicants

Individuals with a Bachelor in Dietetics or Nutrition and verification statement are encouraged to apply, but will be expected to complete select undergraduate courses and practicums to meet the program's requirements. Individuals that hold a bachelor's degree in an unrelated degree field are also encouraged to apply, but would be required to complete all prerequisites and the Dietetic/Nutrition undergraduate degree program before progressing to the MDS. Admission of students that have obtained a prior degree will be made on a case-by-case basis and is also contingent on space availability.

Please Note: The Joint Program does not offer a separate Masters or Internship Program.

### Admission Requirements

Students must meet all admission requirements below to seek the Joint Bachelor of Science in Nutrition and Dietetics and the Master of Dietetics Studies:

Admission and acceptance to UTSA as a degree-seeking, undergraduate student. Admission to UTSA is processed through the online "Apply Texas" application system [www.applytexas.org](http://www.applytexas.org). International students must follow the admission process through the UTSA International Office. Applicants must submit an online program application, all transcripts (unofficial), two completed reference forms or letters, preferably by faculty members (one work supervisor or advisor will be accepted), a resume, volunteer information, and a written 1-page statement indicating personal career goals, knowledge of the profession, commitment, interests, and motivation. Must have a minimum cumulative GPA of 3.0.

### Deadline to Submit Online

The completed program application must be submitted online by **February 28th before midnight** for consideration. Incomplete, late or hardcopy applications will not be considered for admission.

\*Note: A hard copy of the application can be downloaded on our website, for a review of all questions and required materials. The Admissions Committee will invite qualified candidates to interview for admissions in late March. Decisions letters will be sent in April. Interviews are by invitation only. For questions, please email [Dietetics@utsa.edu](mailto:Dietetics@utsa.edu).

- **If this application is not submitted within 60 minutes, then you will have to restart the application.**
- **Data is not saved and will only be captured once you submit the application.**
- **Once you exit, (close your browser), then all data will be lost.**
- **You can click the link to start the application unlimited times.**

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## PERSONAL INFORMATION

### ▶ Response Required

Full Legal Name (Last, First and Middle)

Enter a response

Phone Number (with area code)

Enter a response

Email Address

Enter a response

Mailing Street Address, City, State, Zip and County

Enter a response

2

Ethnicity (optional)

Enter a response

3

**UTSA Enrollment Status**

▶ Response Required

Current UTSA student	UTSA Admission pending	Have not applied to UTSA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Current students: provide Banner ID (not ABC123)

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**Overall GPA** (include all completed coursework)

▶ Response Required

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**EMPLOYMENT HISTORY**

Please list the current or last 2 employment experiences.

If you have no employment history, skip this section.

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**POSITION 1**

Position Title	Enter a response
Employer Name	Enter a response
City, State	Enter a response
Year(s) of Employment	Enter a response

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**POSITION 2**

Position Title	Enter a response
Employer Name	Enter a response
City, State	Enter a response
Year(s) of Employment	Enter a response

8

**EDUCATION AND SPECIAL TRAINING**

9

Within the last 12 months, have you been a student at an institution of higher education?

(If no, skip to Question 12)

▶ Response Required

Yes	No
<input type="radio"/>	<input type="radio"/>

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Provide the degree title earned, name of institution and graduation year, if applicable.

Degree Earned	Enter a response
Name of Institution	Enter a response
Graduation Year	Enter a response

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Provide the degree title earned, name of institution and graduation year from, if applicable.

Degree Earned	Enter a response
Name of Institution	Enter a response
Graduation Year	Enter a response

12

Provide special training or certifications earned and year, if applicable:

Enter a response
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If applicable, indicate which language(s) you speak and write, other than English:

Language 1	Enter a response
Language 2	Enter a response
Language 3	Enter a response

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If applicable, indicate language(s) skill proficiency other than English (from above question)

	Novice		Distinguished		
Language 1	5		10	<input type="checkbox"/> N/A	5
Language 2	5		10	<input type="checkbox"/> N/A	5
Language 3	5		10	<input type="checkbox"/> N/A	5

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**Extracurricular Activities, Honors and/or Awards:**

Include participation in organizations, elected offices held, scholarships, awards and recognition.

Enter a response
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**Do you have a Dietetic Program Verification Statement?**

A verification statement is granted by a university who offers an accredited dietetic program. The statement verifies completion of an undergraduate degree in nutrition or dietetics.

▶ Response Required

Yes	No
<input type="radio"/>	<input type="radio"/>
If yes, list the name of institution and year received <input type="text"/>	

List prerequisite courses Completed (with year and grade), In Progress, or Still Needed (please check only one option for each course):

► Response Required

	Completed	In Progress	Still Needed
<b>General Chemistry I w/ lab (4 credit hours)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year and Grade if Completed			
<input type="text"/>			
<b>General Chemistry II w/lab (4 credit hours)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year and Grade if Completed			
<input type="text"/>			
<b>Organic Chemistry I w/ lab (4 credit hours)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year and Grade if Completed			
<input type="text"/>			
<b>Human Anatomy w/ lab (4 credit hours)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year and Grade if Completed			
<input type="text"/>			
<b>Human Physiology w/lab (4 credit hours)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year and Grade if Completed			
<input type="text"/>			
<b>Microbiology w/ lab (4 credit hours)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year and Grade if Completed			
<input type="text"/>			
<b>Biochemistry (3000 level or higher) (3 credit hours)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year and Grade if Completed			
<input type="text"/>			

	Completed	In Progress	Still Needed
<b>College Algebra (required for chemistry)</b> <b>(3 credit hours)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year and Grade if Completed			
<input type="text"/>			
<b>Statistics (3 credit hours)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year and Grade if Completed			
<input type="text"/>			
<b>Introduction to Psychology, Sociology, or</b> <b>Anthropology (3 credit hours)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year and Grade if Completed			
<input type="text"/>			
<b>Introduction to Management (3000 level</b> <b>or higher)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year and Grade if Completed			
<input type="text"/>			
<b>Introduction to Nutritional Sciences* (3</b> <b>credit hours) - *Must earn a "B" or better</b> <b>in Introduction to Nutritional Science NDT</b> <b>2043 or Nutrition</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year and Grade if Completed			
<input type="text"/>			



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**COMMUNITY SERVICE/VOLUNTEER COMPLETED:**

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Community Service/Volunteer #1

Organization or Company Name	Enter a response
Address of Organization	Enter a response
Date(s) of Volunteer Service	Enter a response
Activities/Duties	Enter a response
Primary Contact Name (Supervisor or Mentor)	Enter a response
Primary Contact Phone Number	Enter a response
Primary Contact Email Address	Enter a response
Was this a one-time volunteer time or on-going?	Enter a response
Total hours earned with this organization	Enter a response

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Community Service/Volunteer #2

Organization or Company Name	Enter a response
Address of Organization	Enter a response
Date(s) of Volunteer Service	Enter a response
Activities/Duties	Enter a response
Primary Contact Name (Supervisor or Mentor)	Enter a response
Primary Contact Phone Number	Enter a response
Primary Contact Email Address	Enter a response
Was this a one-time volunteer time or on-going?	Enter a response
Total hours earned with this organization	Enter a response

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Community Service/Volunteer #3

Organization or Company Name	Enter a response
Address of Organization	Enter a response
Date(s) of Volunteer Service	Enter a response
Activities/Duties	Enter a response
Primary Contact Name (Supervisor or Mentor)	Enter a response
Primary Contact Phone Number	Enter a response
Primary Contact Email Address	Enter a response
Was this a one-time volunteer time or on-going?	Enter a response
Total hours earned with this organization	Enter a response

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Community Service/Volunteer #4

Organization or Company Name	Enter a response
Address of Organization	Enter a response
Date(s) of Volunteer Service	Enter a response
Activities/Duties	Enter a response
Primary Contact Name (Supervisor or Mentor)	Enter a response
Primary Contact Phone Number	Enter a response
Primary Contact Email Address	Enter a response
Was this a one-time volunteer time or on-going?	Enter a response
Total hours earned with this organization	Enter a response

Community Service/Volunteer #5

Organization or Company Name	Enter a response
Address of Organization	Enter a response
Date(s) of Volunteer Service	Enter a response
Activities/Duties	Enter a response
Primary Contact Name (Supervisor or Mentor)	Enter a response
Primary Contact Phone Number	Enter a response
Primary Contact Email Address	Enter a response
Was this a one-time volunteer time or on-going?	Enter a response
Total hours earned with this organization	Enter a response

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**REFERENCES:**

**IMPORTANT: It is your responsibility to inform the person writing your recommendation letter of your decision to waive or not waive your right to view the reference letter. Please include a sentence indicating your choice in the Reference Form email to your chosen references.**

**Example statement:**

I waived my right to view this letter of recommendation according to FERPA guidelines.

**OR**

I did not waive my right to view this letter of recommendation according to FERPA guidelines.

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Family Educational Rights and Privacy Act of 1974 (FERPA). Under the provision of this Act, you have the right to see recommendations for admission.

Please choose the appropriate phrase below.

▶ Response Required

I waive my right	I do not waive my right
<input type="radio"/>	<input type="radio"/>

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Sign indicating your choice above to waive or not waive right of access.

▶ Response Required

SIGN HERE

Please Type Name

Please Type Name

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**Please list the name and contact information for each reference.**

**Required: send each of your references the "Reference Form Link" to provide the recommendation. The link is posted on our website.**

Advisors, faculty, professor recommendations can be obtained from current or previous institutions.

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**Reference 1**

▶ Response Required

Name and Title

Enter a response

Email Address

Enter a response

29

Your relationship to **Reference 1**

▶ Response Required

Select Option

30

**Reference 2**

▶ Response Required

Name and Title

Enter a response

Email Address

Enter a response

31

Your relationship to **Reference 2**

▶ Response Required

Select Option

**PROGRAM ACKNOWLEDGEMENTS**

**Criminal Record Check**

A criminal background check is a requirement during the semesters in which a student enrolls in field-based practicums. Students will be required to submit a Criminal Record Check at the beginning of the program, at the start of each year and for practicums associated with schools, health care facilities, hospitals, and clinics. It is the responsibility of the student to determine if his or her criminal history background will present a problem before applying for admission to the program. Students with problematic criminal history will not be able to complete most of the field-experiences that are required by the program.

With your signature below you are acknowledging the above criminal background check requirement.

▶ Response Required

SIGN HERE

Please Type Name

Please Type Name

**Required Immunizations**

Based on documented transmission of diseases commonly occurring in hospitals, clinics, and other health facilities, students are considered acquiring or transmitting: hepatitis B, diphtheria-tetanus (Td), measles/mumps/rubella (MMR), and varicella (chicken pox). Therefore, many affiliation sites require documentation of vaccination before the students are allowed in these facilities.

Students in the CPD are required to comply with these immunizations during their initial fall semester, before any interactions with patients or clients. Documentation must be submitted to the program director. An annual influenza (flu) vaccination is also highly recommended. All CPD students are required to have annual Tuberculosis (TB) screening prior to their supervised practicums.

Students who need an immunization exemption must obtain the exemption form from the facility and submit all required documentation. Student must receive approval for the immunization exemption from the facility to proceed with placement. Failure to comply with update of immunizations or TB screening will result in a "hold" being placed on the registration.

With your signature below you are acknowledging the above immunization requirements.

▶ Response Required

SIGN HERE

Please Type Name

Please Type Name

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**REQUIRED DOCUMENTS**

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**Upload a statement letter** (double spaced, 12-font, 1-inch margins - no more than one page in length) addressing the following: **interests, motivation, career goals, commitment and knowledge of the profession.**

▶ Response Required

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**Upload ALL unofficial transcripts here.**

**\*Circle or highlight the CPD program prerequisites on your transcripts before uploading.**

▶ Response Required

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**Upload a current resume.**

▶ Response Required

**Signature (Unsigned applications will NOT be considered)**

The committee will not evaluate your application for this program until you are admitted to UTSA, and this application form, personal statement, two reference forms, a resume, a volunteer form and transcripts are submitted.

By signing this application you are certifying that you have read and understand the admission requirements for the Coordinated Program in Dietetics.

Further, I understand that the Admissions Committee cannot make any decision regarding my application until transcripts for all courses taken, supporting documents, and this supplemental application have been received. If I have courses in progress during the application process, I understand that if I am accepted into the program, that acceptance is conditional upon satisfactory completion of the outstanding courses. Transcripts showing additional work after acceptance must also be submitted.

I further understand that all actions on admission of students to the Coordinated Program in Dietetics are prerogative of the Admissions Committee. I understand that the information submitted herein will be relied upon by officials of The University of Texas at San Antonio to determine my status for admission and residence eligibility. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action including dismissal from the program.

**I hereby certify that any statements submitted in conjunction with this application are my own work.**

**▶ Response Required**

SIGN HERE

Please Type Name

Please Type Name