**Thank you for applying to the MUSC DI. Please type your responses:**

Name:

DICAS#:

Please RANK the order of concentration you are applying to (only list 1 next to concentration if only applying to one):

\_\_\_\_\_\_\_\_\_\_\_ Community Nutrition Promotion

\_\_\_\_\_\_\_\_\_\_\_ Clinical *adult* MNT

\_\_\_\_\_\_\_\_\_\_\_\*Clinical *pediatric* MNT

\*ONLY f applying to the Clinical Pediatric MNT concentration, please answer these additional two questions for our consideration:

1. In a paragraph, please describe why you are choosing a concentration in pediatrics and your next 5-10 year goals.
2. In less than one page, please describe what sets you apart from other applicants applying for a pediatric concentration. (Please list your pediatric experiences, if any).

**Payment enclosed of either $50 (one concentration), $75 (two concentrations), or $100 (three concentrations). Cash, check, or credit card accepted. Checks made out to “MUSC Dietetic Internship”**

CC #

CVV code on back #

Expiration date of CC:

Cardholder name:

Billing address:

Phone number:

**Please send this form and payment in same mailing by Feb 15 to:**

Kelley Martin

MUSC Dietetic Internship Director

Roper Medical Office Building

125 Doughty St, Suite 440

Charleston, SC 29403

**Thank you!**