

Graduate Degree Confirmation

This form is to be included in your application for the **Stand-alone Dietetic Internship (DI).** This form is *not* for applicants to the Master's in Dietetics with Dietetic Internship (MSDI).

| Appliant Name: | Applicant Email: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| If you have completed a master's degree or h | nigher, please complete the following section. |
| Name of Institution: | |
| Degree: | |
| Date of graduation: | |
| | |
| If you are <i>in the process of completing</i> a master's degree or higher, please complete the following section. | |
| Name of Institution: | |
| Name of Degree: | |
| Expected graduation date: | |
| Total number of credits for this degree: | Number of credits you will have remaining by June 1st: |
| Total number of semesters for this degree: | Number of semesters you will have remining by June 1st: |
| An official letter must be sent from your graduate school advisor or program director to dietetic.internship@unco.edu stating that you will have 2 or fewer semesters remaining in your graduate program by June 1. List the name and email address of the individual who will be emailing to confirm this information: | |
| Name: | Email: |