



**SUPPLEMENTAL INTERNSHIP APPLICATION  
2017**

|   |  |
|---|--|
| Name                                      |  |
| Address:                                  |  |
| Street                                    |  |
| City, State Zip Code                      |  |
| Telephone Number<br>(including area code) |  |
| Didactic Program                          |  |

\$70 application fee make check payable to Dietetics Program – University of Connecticut.

**Supplemental Application must be postmarked by  
February 15<sup>th</sup>, 2017 to be considered.**

Mail supplemental application to:

Dietetics Program  
Department of Allied Health Sciences  
c/o Ellen Shanley  
University of Connecticut  
358 Mansfield Road, Unit 1101  
Storrs, CT 06269-2101