FDNS 5910 DIETETICS PRACTICUM ADVISEMENT CHECKLIST

Last Name  First Name  Middle Initial

UGA Email Address  UGA Student ID #

It is the student’s responsibility to complete this checklist before applying for FDNS 5910, Dietetics Practicum. Bring your completed checklist and a printed copy of your unofficial UGA transcript to be verified by your advisor during advisement.

Semester you wish to complete your practicum:

☐ Fall- deadline to submit completed checklist is January 31
☐ Spring- deadline to submit completed checklist is July 31
☐ Summer- deadline to submit completed checklist is October 31

Initial each of the following items indicating your understanding an agreement with the information that is given. Fill in all the blanks.

1. _____ I understand that a practicum is at the discretion of the instructor of record. Some practicum sites will require that I volunteer (receive no course credit) at the site prior to acceptance into the practicum. Placement is based on site availability as well as the student’s application packet and GPA.

2. _____ I understand that I will register for 3 credit hours of FDNS 5910.

3. _____ I understand that my cumulative GPA must be 3.0 when I register for FDNS 5910. As of the date on this form, my cumulative GPA is ______.

4. _____ I will have completed a minimum of 60 credit hours prior to beginning my practicum.

5. _____ I will have completed five FDNS classes with a grade of “C” or better prior to beginning my practicum. List the five courses you will have completed before starting your practicum:

<table>
<thead>
<tr>
<th>REQUIRED FDNS Courses</th>
<th>Semester Taken</th>
<th>Grade</th>
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<tbody>
<tr>
<td>FDNS 2100</td>
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<td>FDNS 3600</td>
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<td>FDNS 3600L</td>
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<table>
<thead>
<tr>
<th>PREFERRED FDNS Courses</th>
<th>Semester Taken</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
<td>FDNS 4600</td>
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<tr>
<td>FDNS 3100</td>
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<td>FDNS 3610</td>
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6. _____ I am aware that many practicum sites will have clinical placement requirements that will be at an additional cost to the student. I have reviewed this information regarding potential additional costs on the website.

7. _____ I understand that I am solely responsible for having reliable transportation to my practicum site(s) throughout the semester of my practicum.

8. _____ I have completed a Program of Study plan with my advisor.

9. _____ I understand I am expected to adhere to the following requirements for clock hours:

Fall and Spring Semester:
Your practicum will begin on the first day of class and end on the last day of class.
3 credit hrs.=8 clock hrs./week for 15 weeks + 1 hr./week related assignments= 135 clock hrs.

Summer Semester:
Your practicum will begin on the first day of class and end on the last day of class.
3 credit hrs.=15 clock hrs./week for 8 weeks + 1 hr./week related assignments= 135 clock hrs.

I have read, understood, and agreed to the above practicum policies:

_________________________________________________________________
Student’s signature Date Signed

I have verified the student’s information listed above. My signature serves as approval for POD for accepted applicants.

_________________________________________________________________
Advisor’s signature Date Signed

_________________________________________________________________

STUDENT AND ADVISOR SHOULD RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

Instructions to student: After completing this checklist, printing unofficial transcript, and obtaining advisor’s approval and signature, bring the original signed checklist and unofficial transcript to the FDN Administrative Office, 280 Dawson Hall. You will be contacted via your UGA email after review by FDNS 5910 course instructor.