

**NORTH CAROLINA CENTRAL UNIVERSITY-DIP  
Supplemental Application**

Please complete the application below and mail with \$50.00 fee.  
Make Check to: NCCU-Dietetic Internship.

Date (DD/MM/YYYY)	
Name	
Street	
City, State, Zip Code	
Telephone Number (including Area Code)	
Birth Date	____ mo. ____ day ____ year
Didactic Program Attended	
Social Security Number	
GPA's	Cumulative _____ Professional/Dietetics _____ Sciences _____ MS degree _____
Graduate program if Applicable	
Taken GRE* Exam (Yes/No) Year taken _____ <small>*GRE is not required but please share if you have a score.</small>	
GRE Score (Verbal/Analytical/Written) Indicate old or new scoring system. Please list % ranking.	
Year of DPD completion ((DD/MM/YYYY)	
Enclosed Supplement Application fee (Yes/No)	
Read DIP information on website (Yes/No) and content is understood (Yes/No/unsure)	

**Mail the Supplemental Application and \$50.00 Fee, postmarked by February 15, 2021 to the following address:**

Kimberly Powell, Ph.D., R.D., LDN  
 Director, Dietetic Internship Program  
 Department of Human Sciences  
 North Carolina Central University P.O. Box 19615 Durham, NC 27707  
 e-mail [kpowel34@nccu.edu](mailto:kpowel34@nccu.edu)  
 phone: (919) 530-6359

CHECK LIST FOR DIETETIC INTERNSHIP APPLICATION

**INSTRUCTIONS:** Please check off each item as completed. Submit this checklist with your application.

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Completed and electronically submitted Application form to DICAS \_\_\_\_\_
2. Completed and submitted Supplement Application Materials to NCCU \_\_\_\_\_
3. Non-refundable Supplemental Application DIP \$ 50.00 Fee \_\_\_\_\_
4. Completed and electronically submit ranked choices to D & D Digital System with the \$55.00 fee \_\_\_\_\_
5. Completed online the Graduate School Application Form (Please submit **after** acceptance into the Program. Apply by **May 1, 2021**) \_\_\_\_\_
6. Submitted Three Recommendations/References via DICAS \_\_\_\_\_
7. Official Transcripts from all post-secondary institutions to DICS with month, day, and year of earned degree. \_\_\_\_\_
8. Submitted to DICAS, the Verification/Intent to Graduate Statement with Month, day, and year of earned degree \_\_\_\_\_
10. Submitted GRE scores with Supplemental Application (GRE Requirement waived due to COVID, but include if you have it) \_\_\_\_\_
11. This application Check List \_\_\_\_\_

---

**For Office Use:**

Application packet post-marked \_\_\_\_\_ Received

GPA: Overall \_\_\_\_\_

Professional \_\_\_\_\_

DPD Sciences \_\_\_\_\_

Other \_\_\_\_\_

GRE \_\_\_\_\_