

UC SAN DIEGO HEALTH CENTER DIETETIC INTERNSHIP

Supplemental Internship Application 2019

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| Applicant Name | |
| Street Address | |
| City, State, Zip Code | |
| Telephone Number | |
| E-mail Address | |
| DPD Program | |

1. Please retype the following two questions on a separate sheet of paper with your responses. Limit each answer to half page in length, single-spaced. Include these with your supplemental application.
 - Describe an experience where you were given little or no direction in a problem-solving situation. This may be related to work, school or a life experience. How did you work through the situation? What was the outcome of the situation? What did you learn from this experience?
 - Discuss why you have chosen to apply to the UC San Diego Medical Center Dietetic Internship and your expectations from the program.
2. Enclose the application fee. Please enclose a \$50.00 check made payable to "UC Regents."
3. Place all Supplemental Application contents in a **file folder with your name and name of school issuing your verification statement on the tab.**

Supplemental Application must be postmarked by February 15, 2019

Mail Supplemental Application to:
Betty Garrity MPH, RD Internship Director
UC San Diego Medical Center Dietetic Internship
UC San Diego Medical Center
200 W. Arbor Drive, mail code 8801
San Diego, CA 92103-8801