Dietetic Practicum Program Application Form

Applicant Name:	**Student Number:**
Please indicate the Practicum Stream that you are applying for: **_____ Integrated Practicum** (Level 1: May – August 2027 and Level 2: May – December 2028)	
_____ Post-Degree Practicum Route (September 2027 – August 2028)	
Present Address:	
Street & Number	**City**
Province	**Postal Code**
Acadia Email address	
Alternate Email Address	
Permanent Address:	
Street & Number	**City**
Province	**Postal Code**
Permanent Telephone Number:	**Cell Phone Number:**

I hereby certify that the information submitted in this application package is true, correct and complete to the best of my knowledge and belief.

I understand that all references are confidential and must not be viewed by the applicant. Viewing a confidential reference will result in my ineligibility for Acadia's Dietetic Practicum Program.

Signature of Applicant