

SIMMONS

SIMMONS COLLEGE SCHOOL OF HEALTH SCIENCES

APPLICATION FOR ADMISSION 2009–2010

Nutrition

APPLICATION DEADLINES

March 1 for September 2009 entry

February 15 for Simmons BS-MS

November 1 for January 2010 entry

March 1 for May 2010 entry

All admission decisions will be sent **after** each designated deadline date



APPLICATION FEE WAIVERS

There are a variety of ways to obtain an application fee waiver:

Current Simmons degree-seeking students or alumnae/i of the Simmons Undergraduate College or a Simmons Graduate School	Exempt from paying the application fee, with the exception of the DPT Bridge and DNP Advanced Standing applications
Attendee of an on-campus School of Health Sciences Information Session	Fee waiver form is provided at the Information Session and should be completed and included with your application materials when you apply
Know a Simmons School of Health Sciences Graduate	That person may recommend you for an application fee waiver by completing the <u>Applicant Fee Waiver Referral Form Alumna/us or Preceptor</u> returning it to you to submit with your application materials when you apply
Know a Simmons School of Health Sciences preceptor for one of your clinical classes	May recommend you for an application fee waiver by completing the <u>Applicant Fee Waiver Referral Form Alumna/us or Preceptor</u> (see below), and returning it to you to submit with your application materials when you apply
If the application fee is a financial hardship for you	Send a letter from the Office of Financial Aid on letterhead stationery from the college or university you are currently attending that verifies your inability to pay this fee
Student of a college or university that has an articulation agreement or arrangement with the School of Health Sciences	The application fee is waived. To learn which U.S. undergraduate institutions have such agreements with SHS, visit http://www.simmons.edu/shs/admission/articulation.shtml
Employee of an agency or hospital	Contact your Human Resources Office or the Finance Office of your workplace to determine if an articulation agreement with SHS exists



SIMMONS

ACADEMIC YEAR: 2009-2010

Application Deadline:

(NOT POSTMARK DATE)

- March 1 for Sept. 2009 entry
- February 15 for Simmons BS-MS
- Nov. 1 for Jan. 2010 entry
- March 1 for May 2010 entry

Admission decisions will be mailed after the application deadline.

SIMMONS COLLEGE School of Health Sciences (SHS)

300 The Fenway
 Boston, MA 02115-5898
 Phone: 617-521-2605
 Fax: 617-521-3137
 Email: shs@simmons.edu

GRE Code: 3761-0619
 TOEFL Code: 3761
 FAFSA Code: 002208

OPTIONAL INFORMATION

The School of Health Sciences seeks to attract students from all racial and ethnic groups in our society, to enhance diversity for the benefit of the educational experience of all students. If you are a U.S. citizen or permanent resident of the U.S., you may, but are not required to, identify yourself as a member of any such group listed below. This information will remain confidential. The information will be used only for equal opportunity (notification of specific scholarships) and research purposes. Refusal to complete this section will **not** negatively affect your candidacy.

- American Indian or Alaskan Native
- Asian
- Black or African American (non-Hispanic)
- Hispanic/Latino/a
- Native Hawaiian or other Pacific Islander
- White (non-Hispanic)
- Other-Please specify:

SOCIAL SECURITY NO.*

* Your Social Security number is requested for identification purposes only. Disclosure of your Social Security number is voluntary on your part as an applicant to the College. If you do not wish to disclose your Social Security number, this non-disclosure will **not** negatively affect your candidacy for admission. However, it is required if you are a U.S. citizen applying for financial aid (loans only).

Application | A APPLICATION FOR ADMISSION – NUTRITION

SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

Please use the same name in the same order on all correspondence. **Do not submit binders or bound booklets.** All applicants must submit all required materials, including all items on the Application Checklist Page N. Please review that page carefully.

REQUIRED INFORMATION

Have you previously applied to the School of Health Sciences (formerly School for Health Studies)? No Yes

If so, when? _____ Which program? _____ Under what name? _____

Applying for Financial Aid (low-interest loans for U.S. citizens only) Yes No

Intend to live on campus? Yes No

I am applying via a special agreement between SHS and my agency, employer or institution (indicate which one)

I am a current Simmons Student

Applying for: Fall (Sept.) 2009 Spring (Jan.) 2010 Summer (May) 2010

Part-Time (U.S. citizens only) Full-Time

Please select the desired program:

- Certificate in Sports Nutrition (C.S.N.) Program-Arranged Dietetic Internship Program (D.I.P.)
- Master of Science in Nutrition (M.S.) Student-Proposed Distance Dietetic Internship D.I.P. *
- M.S. & C.S.N. M.S. & D.I.P. M.S., D.I.P., & C.S.N.
- B.S.-M.S. (second semester Simmons juniors -via accelerated undergraduate option)
- B.S. - M.S. & D.I.P. (second semester Simmons juniors -via Simmons accelerated undergraduate option: Program Arranged)
- B.S. - M.S. & D.I.P. (second semester Simmons juniors -via Simmons accelerated undergraduate option: Student Proposed Distance)
- B.S. - M.S. & C.S.N. (second semester Simmons juniors via Simmons accelerated undergraduate option)
- D.P.D. Certificate D.P.D. & M.S. D.P.D., M.S., & C.S.N. D.P.D. & C.S.N.

All D.I.P. applicants **must** submit the ADA application and Pages A, B, C, and N of this application; **as well as** TOEFL if applicable (see Page C).

Name: Last (Family or Surname) First (Given) Middle Former

Permanent Mailing Address: Street

City State, Province, Foreign Country Postal Code

Permanent Phone Number (area / country / city code / number)

Current or temporary mailing address (if different from above)

City State, Province, Foreign Country Postal Code

Temporary Phone Number Dates of temporary address

Email Address (our primary form of communication) Fax Number

Date of Birth (month/day/year) Male/Female Country of Birth

Country of Citizenship First Language

A _____

Resident Alien Number Visa type (if in possession of a visa now)

Note: All non-U.S. students with F-1 or J-1 visas must be enrolled full time each semester.

Attestation of Truthfulness

I hereby certify that the information contained in this application and in any supplemental materials which I submit, is factually accurate and honest as of the date submitted. I have reported all post-secondary attendance and have submitted all required educational documents. I further assert that this material is for the sole use of Simmons College to evaluate my candidacy for admission. I understand that application materials become the property of Simmons College and cannot be returned to me. If accepted and I matriculate, I am subject to the academic rules and regulations of Simmons College and to the ethical standards and conduct as a student and in my clinical workplace consistent with professional practice as interpreted by the College. I understand that any misrepresentation will be cause for withdrawal of my application, denial of admission, or cancellation of admission and enrollment. Fraudulent misrepresentation may also be subject to litigation by Simmons College.

SIGNATURE OF APPLICANT DATE OF APPLICATION (month, day, year)

* See catalog for details

REQUIRED INFORMATION (continued)

Name: Last (Family or Surname)

First (Given)

EDUCATIONAL HISTORY

List all undergraduate and graduate schools attended (including study abroad), **whether or not a degree was earned, regardless of when courses were taken, or if they are not specific to the program for which you are applying, or appear on another transcript as study abroad or transfer credit.** Official transcripts from all institutions must be enclosed in signed and sealed envelopes and included in the application packet. **Do not** open these envelopes before submission to this office as this will render the transcripts as unofficial.

Please list first your current school or the one where you received your most recent degree.

College/ University	City/State Country	Dates of Attendance Month/Year	Diploma Certificate or Degree Received and Date Awarded	Degree and Academic Discipline

RESUME (not required for dietetic intern applicants and B.S. to M.S. accelerated Simmons students)

Attach a resume which includes the following (list the most recent information for each category):

- Academic Information** including all undergraduate and graduate institutions attended. If a degree was conferred, indicate date of degree and type of degree granted.
- Employment Information** including name and address of employer, dates of employment, nature of work or title.
- Health-related or Observational Experiences** including name and address of site, nature of the experience, and length of experience.
- Additional Experiences which Demonstrate Community Involvement** including name and address of site, nature of the experience, and length of experience.

PERSONAL STATEMENT (not required for D.P.D. Certificate applicants and B.S. to M.S. accelerated Simmons students)

Please write your name at the top of each page.

M.S. in Nutrition and M.S. with other combinations: (no more than 500 words) On a separate page please describe a meaningful educational experience you have had which has affected your professional goals and growth. Please explain the impact of this experience, which does not need to be related to nutrition. Please focus on the educational experience and not why you think you would be a good nutritionist.

Dietetic Intern applicants: Please explain why you want to pursue an internship and why you have chosen Simmons College to complete this internship. In

Certificate in Sports Nutrition applicants: Please explain why you want to obtain a certificate in sports nutrition and why you have chosen Simmons to do so.

LETTERS OF RECOMMENDATION

List names, titles, and affiliations of the three people whom you will ask to provide recommendations. Recommendations should be from employers, college faculty, supervisors, or others who know you on a professional or academic basis. **At least two should be from college faculty members.** If currently or recently employed, you should ask a supervisor for a recommendation. If the SHS recommendation form is not used, the writer must submit the recommendation on official letterhead stationery. Recommendations should be enclosed in sealed/signed envelopes and included in the application packet. **Dietetic Intern applicants must submit the ADA recommendation forms.** All recommendations will be acknowledged by the School of Health Sciences. Photocopies or faxes and recommendations from family and friends are not acceptable. **NOTE: C.S.N. and D.P.D. applicants are required to submit two letters of recommendation. BS-MS accelerated Simmons applicants must submit one recommendation.**

- _____
- _____
- _____

Application | C APPLICATION FOR ADMISSION – NUTRITION
SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

REQUIRED INFORMATION (continued)

Name: Last (Family or Surname)

First (Given)

CURRENT/FUTURE ENROLLMENT

Please indicate below the courses you are currently enrolled in or plan to enroll in during the next academic term, or prior to enrollment at Simmons, if accepted.

Course Name	Credits	Institution	Dates of Enrollment

Standardized Test Scores: Tests should be taken at least two or three months in advance of the deadline in order for official scores to arrive on time at Simmons College. It takes 4-6 weeks for us to receive official score reports. Official scores from The Educational Testing Service (ETS) are required. Copies of student score reports are not acceptable.

TOEFL (Test of English as a Foreign Language)

Applicants (including D.I.P. and D.P.D.) whose first language is not English must submit official TOEFL scores taken within two years prior to the application deadline.

The TOEFL requirement is based on native language, not citizenship. No other English proficiency exam will be accepted. The TOEFL is waived for applicants who have graduated at the bachelor's or master's level from a regionally accredited U.S. institution or a post secondary institution abroad that is recognized by the Ministry of Education in the host country in English-speaking countries only.

TOEFL does not replace GRE; both are required. Official scores from ETS are required; copies of student score reports are not acceptable.

A minimum score of 570 (paper-based), 230 (computer-based,) or 88 (internet-based) is required.

TOEFL taken: No Yes

Date taken: _____ Date to be taken: _____
 (month, year) (month, year)

Scores requested from ETS: Yes No Scores: _____

Graduate Record Exam (GRE) must have been taken within the last five years.

Graduate Record Exam Taken: No Yes

Date taken: _____ Date will take: _____
 (month, year) (month, year)

Scores requested from ETS: Yes No Scores: _____

I will waive the GRE since I am:

A current Simmons degree -seeking nutrition student (B.S. in nutrition)

A Simmons student who majored in biology or nutrition and has graduated within the last five years.

Date graduated: _____

A current Dietetic Intern at Brigham & Women's Hospital Beth Israel Medical Center Massachusetts General Hospital

Application | D APPLICATION FOR ADMISSION – NUTRITION

SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

Name: Last (Family or Surname)

First (Given)

CALCULATION OF GRADE POINT AVERAGE:

An important consideration in the application evaluation process is your grade point average (GPA) in prerequisite science courses as well as your undergraduate and graduate GPAs. Your careful completion of this section is very important. Failure to do so will significantly impede the processing of your application. You may find it helpful to request an unofficial copy of your transcripts in order to complete the GPA calculations.

Please note that the prerequisite requirement should be reported in semester hours. If your courses were taken in a quarter-hour system, it is assumed that the conversion factor is .75, i.e., one quarter hour equals .75 of a semester hour. Three quarters may be required to meet the two semester requirement, usually six credits. For example, a course worth 4 quarter hours equals 3 semester hours ($4 \times .75 = 3$). Some institutions use a unit system where one unit equals 4 semester hours. **Institutions also vary in the number of quality points awarded per grade so check with your institution.** If a course is outstanding (i.e., will not be completed by the application deadline), write the date of expected completion in the semester/year column.

Quality points are obtained by multiplying the # of credits by the quality point per grade. The GPA is obtained by dividing the sum of total quality points by the sum of total credits.

ILLUSTRATION OF PREREQUISITE GPA CALCULATION FOR ALL MASTER'S NUTRITION APPLICANTS

All science prerequisites must include labs. All courses must have been completed within ten years prior to the application deadline. Audit or pass/fail courses, AP (Advanced Placement), CLEP and IB scores are not acceptable. **Include all repeated and failed courses in the GPA.**

Required Courses	Course Taken	Institution	Semester/Year	Number of Semester Credit Hours	Grade	Quality Points/Grade	TOTAL Quality Points
Inorg. Chem.	Chem. 154	Wheaton	Spring '08	1 Unit = 4 Sem. Hrs.	A-	3.67	14.68
Org. Chem.	Chem. 213	Salem State	Fall '07	4	B+	3.30	13.20
Chem. Lab.	Chem 1138	Northeastern	Fall '07	1 qtr. = .75 Sem. Hr.	C+	2.33	1.75
Statistics	MLS 1145	Northeastern	Winter '06	3	B-	2.67	8.01
Anat/Physio 1 OR Human Anatomy	Bio 207	UMA	Fall '07	3	A	4.00	12.00
Anat/Physio 11 OR Human Physiology	35-102	UMA	Spring '08	3	BC	2.50	7.50
Fund. of Nut.	PH 105	Smith	Fall '07	4	B	3.00	12.00
Comm. Nut.	Nutr 237	Simmons	Fall '07	4	B	3.00	12.00
Biochemistry	Nutr 311	Simmons	Spring '07	4	A	4.00	16.00
TOTAL				29.75			97.14

$$\text{PREREQUISITE GPA: } \frac{\text{Total Quality Points}}{\text{Total Credits}} = \frac{97.14}{29.75} = 3.27 \text{ GPA}$$

ILLUSTRATION OF OVERALL GPA CALCULATIONS FOR ALL NUTRITION APPLICANTS

Undergraduate institutions attended (whether or not a degree or certificate was earned or if courses are not relevant to nutrition)

Institution	Total Credits	Total Quality Point
Simmons	132	450.50
Quincy College (summer courses)	6	18.0

$$\text{Overall Undergraduate GPA: } \frac{\text{Total Quality Points}}{\text{Total Credits}} = \frac{468.50}{138} = 3.39 \text{ GPA}$$

Application | E APPLICATION FOR ADMISSION – NUTRITION
SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

Name: Last (Family or Surname)

First (Given)

PREREQUISITE GPA CALCULATION All science courses must include labs; also list labs if you received a separate grade and include labs in calculation. All courses must have been completed within ten years prior to the application deadline; no audit or pass/fail courses are accepted. CLEP, IB and Advanced Placement (AP) scores are not acceptable. Repeated and failed courses must be included.

Required Science Courses	Course Taken	Institution	Semester/Year Completed	Number of Semester Credit Hours	Grade	Quality Point Value	TOTAL Quality Points
Inorganic Chem.							
Organic Chem.							
Anat/Physio I OR Human Anatomy (not animal)							
Anat/Physio II OR Human Physiology (not animal)							
Fund. of Nutr.							
Comm. Nutr.							
Intro to BioChemistry							
Statistics							
TOTALS							

Prerequisite GPA: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \text{_____ GPA}$

OVERALL UNDERGRADUATE GPA

(List every post-secondary institution attended whether or not a degree or certificate was earned or whether or not courses are relevant to Nutrition and include in the overall GPA calculation)

Institution **Total Credits** **Total Quality Points**

Overall Undergraduate GPA: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \text{_____ GPA}$

OVERALL GRADUATE GPA

(List all graduate institutions attended whether or not a degree or certificate was earned or whether or not courses are relevant to Nutrition and include in the overall GPA calculation)

Institution **Total Credits** **Total Quality Points**

Overall Graduate GPA: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \text{_____ GPA}$

Application | G APPLICATION FOR ADMISSION –NUTRITION

SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

CERTIFICATION OF FINANCES: REQUIRED ONLY FOR INTERNATIONAL APPLICANTS (NON-U.S. CITIZENS)

September 2009 – August 2010

Name: Last (Family or Surname)

First (Given)

ESTIMATED STUDENT EXPENSES: ACADEMIC YEAR 2009-2010 (NOTE THAT COSTS INCREASE EACH YEAR.)

Academic Program	Tuition*	Housing & Food	Fees & Health Insurance	Books & Supplies	Personal**	Total First Year Costs
Health Care Administration	\$29,580 US (30 credits)	\$13,500	\$3,200	\$1,200	\$6,000	\$53,480 US
Nursing(Direct Entry)	\$37,030 US (35credits)	\$13,500	\$3,200	\$1,400	\$6,000	\$61,130 US
Nursing(RN)	\$29,580 US (30 credits)	\$13,500	\$3,200	\$1,200	\$6,000	\$53,480 US
Nutrition(MS)	\$30,566 US (31 credits)	\$13,500	\$3,200	\$1,240	\$6,000	\$54,506 US
Physical Therapy	\$36,482 US (37 credits)	\$13,500	\$3,200	\$1,480	\$6,000	\$60,622 US
Dietetic Internship	\$11,832 US (12 credits)	\$13,500	\$3,200	\$ 480	\$6,000	\$35,012 US

*\$986, USD per credit hour

**Includes allowance for transportation

STATEMENT FROM BANK OR OTHER FINANCIAL AGENCY

This is to certify that (print name of sponsor or self-supporting student) _____

whose signature appears herein, has ample funds (specify amount U.S. \$ _____) to meet the yearly expenses of

(print name of student) _____. This certification does not constitute a statement of liability on my part or

that of the firm or bank I represent.

Bank Representative. Name (please print) _____

Bank Representative. Signature _____

Street _____ City _____ State _____

Country _____ Postal Code _____

Telephone Number: Country/City or Area Code/Number _____

Fax Number: Country/City or Area Code/Number _____

Email: _____

Please place bank seal or stamp here

Date _____
month/day/year

APPLICANT: I certify that the information on this form is correct and complete.

Signature of Applicant

Given (First Name)

Family or Surname (Last)

Date (month/day/year)

If the bank section is not completed and signed, a separate bank letter stating the availability of sponsor funds in U.S. dollars (equal to or greater than costs listed here), written in English, is acceptable. It should bear a current date, original inked signature and stamp or seal. No photocopies or facsimiles are acceptable. A letter from the sponsor verifying that such funds will be used for educational expenses must also be submitted.

RECOMMENDATION FORM PAGE 1

REQUIRED INFORMATION

To be completed by the applicant. Please type or print:

Name: Last (Family or Surname) First (Given) Middle Former

Address: Street City State/Country Postal Code

Email Address

This recommendation is to be: (applicant must check one)

Non-Confidential. I reserve the right to review this form at a later date.

Confidential. I waive my right under the Family Educational Rights and Privacy Act of 1974, as amended, to inspect and review this form. I certify this waiver was given by me.

Signature Date (month/day/year)

To be completed by the person making the recommendation: Additional Information: Please complete and return the Simmons recommendation form. Feel free to provide additional comments on letterhead stationery regarding the applicant's strengths and qualities.

Name Title/Position

Firm/Institution

Address: Street City State/Country Postal Code

Email Address (**our primary form of communication**) Telephone (area/country/city code and number)

Please place this form and any attachments in a sealed envelope, sign the outside flap, and give it to the applicant for inclusion in the application packet. Thank you. Your thoughtful comments are greatly appreciated.

RECOMMENDATION FORM PAGE 1

REQUIRED INFORMATION

To be completed by the applicant. Please type or print:

Name: Last (Family or Surname)	First (Given)	Middle	Former
Address: Street	City	State/Country	Postal Code
Email Address			

This recommendation is to be: (applicant must check one)

- Non-Confidential.** I reserve the right to review this form at a later date.
- Confidential.** I waive my right under the Family Educational Rights and Privacy Act of 1974, as amended, to inspect and review this form. I certify this waiver was given by me.

Signature	Date (month/day/year)
-----------	-----------------------

To be completed by the person making the recommendation: Additional Information: Please complete and return the Simmons recommendation form. Feel free to provide additional comments on letterhead stationery regarding the applicant's strengths and qualities.

Name	Title/Position		
Firm/Institution			
Address: Street	City	State/Country	Postal Code
Email Address (our primary form of communication)		Telephone (area/country/city code and number)	

Please place this form and any attachments in a sealed envelope, sign the outside flap, and give it to the applicant for inclusion in the application packet. Thank you. Your thoughtful comments are greatly appreciated.

Application | K APPLICATION FOR ADMISSION – NUTRITION

SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

RECOMMENDATION FORM PAGE 2

Name: Last (Family or Surname)

First (Given)

Please rate the applicant on the qualities which you feel you can judge listed on the grid below.

O: Outstanding; MS: more than satisfactory; SAT: satisfactory; NI: needs improvement

U: Unsatisfactory; NO: not observed or no basis for judgment

	O	MS	SAT	NI	U	NO
APPLICATION OF KNOWLEDGE						
Nutrition Care						
Food Service Management						
ANALYTICAL SKILLS/PROBLEM SOLVING						
CONCEPTUAL SKILLS						
COMMUNICATION SKILLS						
Oral						
Written						
INTERPERSONAL SKILLS						
Peers/Co-Workers						
Teachers/Supervisors						
LEADERSHIP POTENTIAL						
INITIATIVE						
ADAPTABILITY						
REACTION TO STRESS						
MOTIVATION						
CREATIVITY						
FORETHOUGHT						
WORKS INDEPENDENTLY						
RESPONSIBILITY/MATURITY						
OVERALL POTENTIAL AS A NUTRITION PROFESSIONAL						

Relationship to Applicant: Advisor Teacher Work Supervisor other (Please indicate): _____

How long have you known applicant? _____

How well do you know applicant? _____

Do you: Highly Recommend Recommend Not Recommend

(Circle appropriate number) 5 4 3 2 1

X

Signature

Date (month/day/year)

Please place this form and any attachments in a sealed envelope, sign the outside flap, and give it to the applicant for inclusion in the application packet. Thank you. Your thoughtful comments are greatly appreciated.

RECOMMENDATION FORM PAGE 1

REQUIRED INFORMATION

To be completed by the applicant. Please type or print:

Name: Last (Family or Surname)	First (Given)	Middle	Former
Address: Street	City	State/Country	Postal Code

Email Address

This recommendation is to be: (applicant must check one)

- Non-Confidential.** I reserve the right to review this form at a later date.
- Confidential.** I waive my right under the Family Educational Rights and Privacy Act of 1974, as amended, to inspect and review this form. I certify this waiver was given by me.

Signature	Date (month/day/year)
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To be completed by the person making the recommendation: Additional Information: Please complete and return the Simmons recommendation form. Feel free to provide additional comments on letterhead stationery regarding the applicant's strengths and qualities.

Name	Title/Position
------	----------------

Firm/Institution

Address: Street	City	State/Country	Postal Code
-----------------	------	---------------	-------------

Email Address (our primary form of communication)	Telephone (area/country/city code and number)
--	---

Please place this form and any attachments in a sealed envelope, sign the outside flap, and give it to the applicant for inclusion in the application packet. Thank you. Your thoughtful comments are greatly appreciated.

RECOMMENDATION FORM PAGE 2

Name: Last (Family or Surname)

First (Given)

Please rate the applicant on the qualities which you feel you can judge listed on the grid below.

O: Outstanding; MS: more than satisfactory; SAT: satisfactory; NI: needs improvement
 U: Unsatisfactory; NO: not observed or no basis for judgment

	O	MS	SAT	NI	U	NO
APPLICATION OF KNOWLEDGE						
Nutrition Care						
Food Service Management						
ANALYTICAL SKILLS/PROBLEM SOLVING						
CONCEPTUAL SKILLS						
COMMUNICATION SKILLS						
Oral						
Written						
INTERPERSONAL SKILLS						
Peers/Co-Workers						
Teachers/Supervisors						
LEADERSHIP POTENTIAL						
INITIATIVE						
ADAPTABILITY						
REACTION TO STRESS						
MOTIVATION						
CREATIVITY						
FORETHOUGHT						
WORKS INDEPENDENTLY						
RESPONSIBILITY/MATURITY						
OVERALL POTENTIAL AS A NUTRITION PROFESSIONAL						

Relationship to Applicant: Advisor Teacher Work Supervisor Other (Please indicate): _____

How long have you known applicant? _____

How well do you know applicant? _____

Do you: Highly Recommend Recommend Not Recommend

(Circle appropriate number) 5 4 3 2 1

X

Signature

Date (month/day/year)

Please place this form and any attachments in a sealed envelope, sign the outside flap, and give it to the applicant for inclusion in the application packet. Thank you. Your thoughtful comments are greatly appreciated.

APPLICATION CHECKLIST

REQUIRED INFORMATION

Please include this checklist in the application packet. Please use the same name in the same order on all correspondence.

Name: Last (Family or Surname) First (Given) Middle Former

Enclosed are	Submitted Separately
<input type="checkbox"/> Official Academic Transcripts (including the most recently-completed academic term) <input type="checkbox"/> Application Form <input type="checkbox"/> Application Fee (\$50.00) or Fee Waiver* (if applicable) (non-refundable check payable to Simmons College) <input type="checkbox"/> Application Checklist (this page N) <input type="checkbox"/> Certification of Finances Form (non-U.S. citizens) <input type="checkbox"/> Personal Statement (not required for DPD and accelerated Simmons Students) <input type="checkbox"/> Proof of U.S. citizenship if you were born abroad (Copy of U.S. passport or other documentation) faxes are not legible <input type="checkbox"/> Resume (not required for DPD and accelerated Simmons Students) <input type="checkbox"/> Three recommendations in signed, sealed envelopes \ (two for C.S.N. and D.P.D.; one for Simmons BS-MS) *Fee waiver information is available on the second page of this application.	<input type="checkbox"/> GRE Scores (for M.S. or M.S. in combination with other options taken within past 5 years) <input type="checkbox"/> TOEFL Score If English is not your first language, TOEFL is required and no other proficiency exam will be accepted. Scores within the past two years are required. Please be certain to take the TOEFL 2-3 months in advance of the deadline to assure that we receive an official score on time. The TOEFL is waived for applicants who have graduated at the bachelor's or master's level from a regionally accredited U.S. institution or a post-secondary institution abroad that is recognized by the Ministry of Education in the host country in English-speaking countries only.

List all institutions attended, whether or not a degree was awarded.

School	Diploma, Certificate or Degree Granted (if any)	Academic Major	Years of Attendance/ Graduation
<input type="checkbox"/> Transcript			
<input type="checkbox"/> Transcript			
<input type="checkbox"/> Transcript			
<input type="checkbox"/> Transcript			
<input type="checkbox"/> Transcript			

Recommendation Forms: Submit in sealed and signed envelopes; include in the application packet. Exceptions: D.I.P. applicants who submit these as part of the ADA application and dietetic interns from Brigham and Women's Hospital, Beth Israel Deaconess Medical Center, and MGH.

(Name) _____

(Name) _____

(Name) _____

OPTIONAL SURVEY (This is for research purposes only.)

We would appreciate the completion of the following survey. Please check how you learned about the Simmons Graduate Nutrition Program. Check more than one if applicable.

<input type="checkbox"/> ADA Directory	<input type="checkbox"/> Admission Staff Member
<input type="checkbox"/> Advertisement (radio or print – publication and date)	<input type="checkbox"/> Simmons Graduate (who)
<input type="checkbox"/> Faculty Member at another school (who/where)	<input type="checkbox"/> Simmons Faculty (who)
<input type="checkbox"/> Info Session (date)	<input type="checkbox"/> Simmons Email Notice
<input type="checkbox"/> Professional Directory (which one)	<input type="checkbox"/> Simmons Student (who)
<input type="checkbox"/> Recruitment Event (date and place)	<input type="checkbox"/> Simmons Web Site
<input type="checkbox"/> Workplace	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Other	<input type="checkbox"/> Referral from a friend/colleague

To what other colleges and universities have you applied or are planning to apply? (This information is for research purposes only.)
