

FACE SHEET

Coordinated Program in Dietetics

Name:

(Last) (First) (Middle Initial) (Maiden Name)

Student Number: _____

Home Address:

Telephone Number: _____

Eastern Michigan University Email: _____

Personal Email: _____

Applying for (check one):

- Bachelor of Science Degree online
- Bachelor of Science Degree on-campus
- 2nd Bachelor of Science Degree online
- 2nd Bachelor of Science Degree on-campus
- Master of Science Degree online
- Master of Science Degree on-campus

(Date)

(Signature of Applicant)

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