

UVM MSD Employment, Volunteer and Practicum Experience Data Form

Up-load into the Resume Section of the on-line Graduate College Application

Name		
(Last)	(First)	(Middle or Maiden)

Experiences related to nutrition and dietetics in the past five (5) years: List all experiences, including volunteer, beginning with the most recent. Indicate if the experience was paid, volunteer, research, or part of a practicum/field experience associated with a college course. Briefly describe key responsibilities. When indicating the number of hours, use Hrs/Wk for reoccurring work and volunteer experiences and Total Hours for limited time volunteer and practicum/field experiences.

Note: priority is given to experiences within the past 5 years; if however, you have a professional nutrition/dietetics work experience from over five years ago, you may include it. **Additionally**, if you have a long-standing employment or volunteer experience that is not necessarily nutrition/dietetics, please include that in the list of experiences. Use additional pages as needed.

PAID EMPLOYMENT

Name of Employer / Organization	Position Title	Start and End Dates (Month/Year)	Hours per Week	Or	Total Hours
1.				or	
Supervisor's Name:		Supervisor's Email:			
Supervisor's Title:		Supervisor's Phone:			
Key Responsibilities:					
2.				or	
Supervisor's Name:		Supervisor's Email:			
Supervisor's Title:		Supervisor's Phone:			
Key Responsibilities:					
3.				or	
Supervisor's Name:		Supervisor's Email:			
Supervisor's Title:		Supervisor's Phone:			
Key Responsibilities:					
4.				or	
Supervisor's Name:		Supervisor's Email:			
Supervisor's Title:		Supervisor's Phone:			
Key Responsibilities:					
5.				or	
Supervisor's Name:		Supervisor's Email:			
Supervisor's Title:		Supervisor's Phone:			
Key Responsibilities:					

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PRACTICUM OR RESEARCH EXPERIENCE

Name of Employer / Organization	Position Title	Start and End Dates (Month/Year)	Hours per Week	Or	Total Hours
1.				or	
Supervisor's Name:		Supervisor's Email:			
Supervisor's Title:		Supervisor's Phone:			
Key Responsibilities:					
2.				or	
Supervisor's Name:		Supervisor's Email:			
Supervisor's Title:		Supervisor's Phone:			
Key Responsibilities:					
3.				or	
Supervisor's Name:		Supervisor's Email:			
Supervisor's Title:		Supervisor's Phone:			
Key Responsibilities:					
4.				or	
Supervisor's Name:		Supervisor's Email:			
Supervisor's Title:		Supervisor's Phone:			
Key Responsibilities:					

VOLUNTEER EXPERIENCE (for which you were not paid and received no academic credit hours)

Name of Employer / Organization	Position Title	Start and End Dates (Month/Year)	Hours per Week	Or	Total Hours
1.				or	
Supervisor's Name:		Supervisor's Email:			
Supervisor's Title:		Supervisor's Phone:			
Key Responsibilities:					
2.				or	
Supervisor's Name:		Supervisor's Email:			
Supervisor's Title:		Supervisor's Phone:			
Key Responsibilities:					

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3.				or	
Supervisor's Name: Supervisor's Title:			Supervisor's Email: Supervisor's Phone:		
Key Responsibilities:					
4.				or	
Supervisor's Name: Supervisor's Title:			Supervisor's Email: Supervisor's Phone:		
Key Responsibilities:					

I certify the information I have provided in this application is true and accurate and recognize any false or incorrect statements made herein will be grounds for my dismissal from the program. I understand I must provide an original copy of a signed Verification Statement substantiating completion of academic requirements prior to start date of program.

Date
Signature