



THE UNIVERSITY OF  
**SOUTHERN MISSISSIPPI.**

SCHOOL OF KINESIOLOGY & NUTRITION

118 College Drive #5142 | Hattiesburg, MS 39406-0001

Phone: 601.266.5358 | Fax: 601.266.4445

### **Preferred Location for Supervised Practice Placement**

Placement of students is dependent on total points received in the application/interview process. Students who are selected as part of the preselect option will have priority. The number of interns placed in each city varies by year.

**Rank the preference of city (1 for 1<sup>st</sup> preference, 2 for 2<sup>nd</sup>, etc.)** in which you would like to be placed. If no preference, document "N/A". If you do not rate a preference, a city will be assigned to you, if selected. Please note that city placement will not be officially assigned until April of the spring semester in year one.

\_\_\_\_\_ Hattiesburg area (Hattiesburg, Laurel, McComb, and/or Meridian MS)

\_\_\_\_\_ Jackson

\_\_\_\_\_ MS Gulf Coast (Gulfport, Biloxi, Ocean Springs, and the surrounding areas)

I am aware that this does not guarantee placement in the preferred city, and that I must provide my own housing and transportation. I understand that a professional program fee, in addition to the university tuition, is assessed each semester during the Dietetic Internship.

I am aware that I **MUST** meet all conditions for admission to graduate school in order to be placed in the Southern Miss dietetic internship. In addition, if selected, I must submit final transcripts and Verification Statement to the graduate school **AND** the dietetic internship.

I hereby grant permission to distribute copies of my application and supporting materials to members of the Southern Miss Dietetic Internship Admissions Committee for consideration.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

Return this form to Dietetic Internship Director.