### The Sage Colleges

# Dietetic Internship Application Release Form 2020-2021

Onsite and Distance Tracks

#### Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Release for Application File

I authorize my Application File, consisting of letter of application, completed application, college and university transcripts, and three letters of recommendation, to be released to individuals participating in the Sage Graduate School Dietetic Internship selection process. I understand that the purpose of this review is for selection purposes only and information contained in the file will be kept confidential by the reviewers.

**Program Status:** *1= first choice; 2 = second choice;*

\_\_\_\_\_\_\_Full Time \_\_\_\_\_\_\_Part Time

**Program Track:** *(Please check the appropriate track you are applying to. If applying to both tracks, please rank. 1 = First Choice, 2 = Second choice; 0 = not applying)*

\_\_\_\_\_\_\_ Onsite Track \_\_\_\_\_\_\_\_ Distance Track

**DISTANCE TRACK: State(s) where you will be completing your supervised practice hours:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***ONSITE TRACK ONLY:*** *For location*: Rank 1-4 (1=First Choice & 4=Last Choice), or 0= unwilling to go to this location

\_\_\_\_\_ Greater Capital District (Albany, Schenectady, Troy & Saratoga Counties)

\_\_\_\_\_ Lower Hudson Valley (Poughkeepsie area)

\_\_\_\_\_ Mid-Hudson Valley (Kingston Area)

\_\_\_\_\_ Plattsburgh

\_\_\_\_\_ Other (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

**Release for placement:** I understand that if I numbered any of the areas above, I may be placed in any of those areas and I will be prepared to remain in chosen area for the duration of the internship.

**Application Checklist** **Check, if present**

1. A check for $40 payable to The Sage Colleges \_\_\_\_\_\_\_

*(Fee waived for RSC & SGS graduates)*

2.Release form complete with signature below \_\_\_\_\_\_\_

**E-mail Contact:**

Please provide an e-mail address for contact, if necessary, by the Sage DI Application Review Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acceptance Day Procedure:**

On DI Appointment Day, I will call or e-mail stating my acceptance/rejection of the match by 6:00pm EST to Michelle Morgan, DI Director, 518-244-4598 or morgam1@sage.edu.

I understand the implications for the Release for Application File, and the need to identify my preferred Program Status & Location Preference for acceptance into the Sage Dietetic Internship Program for fall 2020.

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Legibly Date