Department of Nutrition, Food & Dietetics

Statement of Professional Preparation and Experience

The applicant or appointee should fill in information called for in Items 1 through 6.

1.

	(last)		(first)		(middle)	
2. School training inc	cluding college or uni	versity, and of	her schools is	n special subj	ects:	
Name of School	Location	Dates From To	No. Months Attendance	Semester Units College Credit	Degree or Diploma	Month & Year Degree Granted

- B) MAJOR OF DEGREE:
- C) INSTITUTION, STATE / COUNTY WHERE DEGREE WAS AWARDED:
- D) YEAR DEGREE AQUIRED:

A) HIGHEST DEGREE AWARDED:

3. Special and private training or certifications:

Name of Institution or Private Teacher	Dates To From	Clock hours per week	Total number of weeks	Subjects covered	Semester Units Credit Equivalent

4. Experience in teaching:

Name of School or Other Agency	Position Title and/or Academic Rank	Location City and State	Percent of Time of employment	Date From To	Number of months

5. Relevant work experience:

Name of School or Other Agency	Position Title and/or Academic Rank	Location City and State	Percent of Time of employment	Date From To	Number of months
	Rank				

6.	The above statements are true to the best of my knowled	lge and belief.
Applica	ant's Signature:	Date:

** The wording "Percent of Time of Employment" is not always interpreted in the same manner. The following examples will help: If you were employed on a half-time basis as an Assistant Professor in an academic year, please indicate 50% in this column. If you were employed on a full-time basis as a Lecturer in an academic year, please indicate 100% in this column.