



SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE
Social, Behavioral, and Population Sciences
Dietetic Internship Program

Intent to Complete a Master's Degree

Please work with your advisor for your master's program on this form. This form must be included in your Tulane DI application unless you have gone through the pre-selection process or already have a master's degree.

Applicant Name: _____ **Expected graduation date:** _____

School accepted to /enrolled in for master's degree: _____

Please fill in your master's courses (completed and future) on this form:

Year: _____ Semester: _____ Course name/ # _____ Course name/ # _____ Course name/ # _____ Course name/ # _____ # hours completed: _____	Year: _____ Semester: _____ Course name/ # _____ Course name/ # _____ Course name/ # _____ Course name/ # _____ # hours completed: _____
Year: _____ Semester: _____ Course name/ # _____ Course name/ # _____ Course name/ # _____ Course name/ # _____ # hours completed: _____	Year: _____ Semester: _____ Course name/ # _____ Course name/ # _____ Course name/ # _____ Course name/ # _____ # hours completed: _____
Year: _____ Semester: _____ Course name/ # _____ Course name/ # _____ Course name/ # _____ Course name/ # _____ # hours completed: _____	Year: _____ Semester: _____ Course name/ # _____ Course name/ # _____ Course name/ # _____ Course name/ # _____ # hours completed: _____

Advisor for master's degree: Name: _____

Email: _____ Phone: _____

Advisor's Signature: _____