



Supplemental Internship Application
Spring 2017 Computer Matching Process

Applicant Name	
Street Address	
City, State, Zip Code	
Telephone Number	
Email Address	
DPD Program	

1. Complete the two UCSF personal statement questions shown on the following page. Please limit your responses to 250 words each. Please upload your responses to the supplemental application section of your DICAS application. You do NOT need to mail hard copies of your responses to UCSF.
2. Mail the application fee of \$50. Please send fee as a check made payable to UC Regents. We are not able to accept any other form of payment. The application fee is not refundable.
3. Sign and date this sheet (application supplement) and send via mail with your application fee.

Supplemental Application must be postmarked by February 15, 2017

Mail Supplemental Application to:
Patricia Booth, MS, RD, FADA
Director, UCSF Medical Center Dietetic Internship
UCSF Medical Center
505 Parnassus Avenue, M-294, Box 0212
San Francisco, CA 94143-0212

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Signature

Date

UCSF Personal Statement Questions

1. Please explain why you are interested in the UCSF Medical Center dietetic internship. How would completing the UCSF Medical Center dietetic internship help you meet your specific career goals?

2. Describe a time when you had to work with someone who was difficult to get along with. How/why was this person difficult? How did you handle it?