## <u>Application for Verification Statement</u> Completion of Didactic Program in Dietetics

Name			
First	Middle	Last	Office Use Only Date Received
Address			Reviewer
Number	Street		Verification Statement
Town	State	Zip Code	Check Received
*Maiden Name (if appli	Transcript Received		
Phone Number			10/2015
MSU CWID Non-MSU email			
· · · · · · · · · · · · · · · · · · ·			or future alumni survey)
Education College/Un	niversity	<u>Degree</u>	<u>Dates Attended</u>
		<del></del> -	
Evaluation Fees:			
* MSU undergraduate degree (initial 6 copies of Verification Statement)			Free of Charge
• Additional packet of 6 copies of Verification Statement			\$50.00
The evaluation fee is paya	able by check or money	order made out to <b>Montclai</b> t	· State University
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