**MSNS Program at California State University, San Bernardino**

**Prerequisite Course Clearance & Intended Track Form**

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| --- | --- | --- | --- | --- | --- |
| Last Name: |  | First Name: |  | Email Address: |  |

**Prerequisite Course Clearance**

Complete the table below with the courses you have completed to meet the MSNS prerequisite course requirements. Depending on your program, some prerequisites may have been more than one course. You can list multiple courses for a given prerequisite.

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| --- | --- | --- | --- | --- | --- |
| Prerequisite | Course # | Course Title | College/ University | Semester/ Quarter and Year | Grade Earned |
| General Chemistry series with lab |  |  |  |  |  |
| Organic and biochemistry series with lab |  |  |  |  |  |
| Anatomy & Physiology with lab |  |  |  |  |  |
| Nutritional Biochemistry |  |  |  |  |  |
| Statistics |  |  |  |  |  |
| Fundamentals of Human Nutrition |  |  |  |  |  |

**Intended Program Track**

The MSNS program has two tracks: thesis and project. The project track is offered only to students concurrently completing a Dietetic Internship during their second year of the MSNS program. You can read more about the program track on the program website. Please indicate one of the following options that describes your intended plan of study.

|  |  |
| --- | --- |
|  | I intend to be on the thesis track. |
|  | I intend to be on the project track and have been admitted to a DI or ISPP program or will be applying to these programs in the spring. |

***If you indicated project track****, indicate which DI or ISPP programs you have applied for or intend to apply for. Please check all that apply.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | CSUSB ISPP |  | Patton State Hospital DI |  | Other DIs through DICAS |  | Other ISPPs |

|  |  |
| --- | --- |
|  | I understand that if admitted to the CSUSB MSNS program and a DI or ISPP program, I will need to communicate to CSUSB: 1) when the program is scheduled to start, 2) the duration of the program; 3) the name and email address of the Program Coordinator. |

**DPD Requirements**

Please Indicate whether you would like to complete the DPD requirements which are a prerequisite to be eligible for the ACEND accredited dietetic internship. Please indicate one of the following options that describes your intended plan of study.

|  |  |
| --- | --- |
|  | I intend to only complete the course requirements for the MSNS degree |
|  | I intend to complete the DPD courses in addition to the MSNS degree requirements and understand that this may come with added expenses to my plan of study. |