



\*This form and process is to be utilized if payment is made by mailed check (i.e., if not made via credit card through the UCDH Cashier's Office.

# UC DAVIS MEDICAL CENTER DIETETIC INTERNSHIP APPLICATION PAYMENT COVER SHEET\*

1. Provide the following information (all are required for your application to be considered):

Applicant Name: (same used on DICAS application)	
Street Address:	
City, State, Zip Code:	
Telephone Number:	
Email Address:	
DPD Program:	

2. Complete and upload all required documents for our program in the DICAS system **by the January 6, 2025 deadline.**

3. **Enclose \$50.00 application fee** (non-refundable), and make check payable to **“UC Regents”**.

4. OPTIONAL: Enclose a **Self-Addressed Stamped Postcard (SASP)**

Please write **“Application Received”** on back of the postcard. Upon processing your Supplemental Application, the UCDMC DI Program will sign and return any SASPs included in your application packet. **This is the preferred and most accurate method to ensure your Supplemental Application is received.** USPS Return-receipt is not necessary and has the potential to be an inaccurate assurance.

5. **Sign and date this Application Payment Cover Sheet**

6. **Mail the Application Payment Cover Sheet and application fee to be received by January 6, 2025** (mailed check must be **postmarked by December 23, 2024**) to:

UC Davis Medical Center Dietetic Internship Program  
Supplemental Application  
Food and Nutrition Services Dept.  
2315 Stockton Blvd., SESP 0P160  
Sacramento, CA 95817

Signature \_\_\_\_\_

Date \_\_\_\_\_