



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.** Please make checks 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 the Application Payment Cover Sheet**

6. **Mail the Application Payment Cover Sheet and application fee (postmarked by January 6) to:**

UC Davis Medical Center Dietetic Internship Program
Supplemental Application
Food and Nutrition Services Dept.
2315 Stockton Blvd., SESP OP160
Sacramento, CA 95817

Signature _____

Date _____