APPLICATION FOR FALL 2016 FCNS 320 NDHM PERMIT COURSE
SCHOOL OF FAMILY, CONSUMER, AND NUTRITION SCIENCES

- All information must be provided to ensure processing of this application.
- Return applications to Jennifer Weydert in Wirtz 118 by FRIDAY April 1st, 2016

PLEASE PRINT:
Major (check one):   HM _____   NHW _____   Expected Graduation Date: ______________________

Last Name ___________________________ First Name ___________________________ ZID ___________________________

Local Telephone Number ___________________________ ZID Email Address ___________________________

Students are responsible for completing the prerequisites for FCNS 320
Proof of the prerequisites below must be submitted by FRIDAY, May 6th, 2016

To: The Chief Clerk
College of Health & Human Sciences, WZ 227
Fax: 815-753-8153

- FCNS 200A AND FCNS 200B, both with a C or better (NHW Students only);
- or FCNS 316 with a C or better (HM Students only);
- Cardiac Pulmonary Resuscitation certification (CPR) (All students);
- 2-step nonreactive tuberculin TB skin test (All students), and
- Current State of Illinois Sanitation Certificate (All students);
- First aid certification (All students);
- Verification of 100 hours work experience in food production (All students).

Please Note: Students who fail to provide proof of prerequisite completion by stated deadline will be dropped from the fall 2016 FCNS 320 class by FRIDAY, July 1, 2016.

Please select your PREFERRED lab time. We will do our best to accommodate you, but WE CANNOT GUARANTEE YOU WILL GET YOUR FIRST CHOICE.

Lab Section 1 (Tuesdays): __________   Lab Section 2 (Thursdays): __________   No Preference: __________

If you selected a specific lab above, please indicate why you need that lab: __________________________

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ADMINISTRATIVE USE ONLY:
Cumulative HRS ________   GPA HRS ________   GPA ____________

Pre-requisite check list:

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<th>Date Expires</th>
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<td>CPR Certification</td>
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