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, July 1st, 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: ____________________________

******************************************************************************
* ADMINISTRATIVE USE ONLY:                                    Cumulative HRS _______    GPA HRS _______    GPA ____________
* Pre-requisite check list: FCNS 200A (C) _______    FCNS 200B (C) _______/ FCNS 316 (C) _______
  (Semester taken)    (Semester taken)    (Semester taken)
CHHS/COATS         Date Expires
______              _______________  CPR Certification
______              _______________  2-step Nonreactive tuberculin TB Skin Test
______              _______________  State of Illinois Sanitation Certificate
______              _______________  First Aid Certification
______              _______________  Verification 100 hours work experience in Food Service

******************************************************************************