APPLICATION FOR SPRING 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 October 23, 2015

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 November 30, 2015

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;
Current State of Illinois Sanitation Certificate;
Certifications in first aid and cardiac pulmonary resuscitation (CPR);
2-step nonreactive tuberculin TB skin test, and
Verification of 100 hours work experience in food production.

Pre-requisite check list: FCNS 200A (C) _________ FCNS 200B (C) _________
(Semester taken) (Semester taken)

_____ State of Illinois Sanitation Certificate
_____ First Aid Certification
_____ CPR Certification
_____ 2-step Nonreactive tuberculin TB Skin Test
_____ Verification 100 hours work experience in Food Service

Please Note: Students who fail to provide proof of prerequisite completion by stated deadline will be dropped from the spring 2016 FCNS 320 class by December 11, 2015.

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:
GPA ____________ Cumulative HRS ____________
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