UNIVERSITY OF MASSACHUSETTS LOWELL
CONTINUING STUDIES AND CORPORATE EDUCATION

NUTRITION

CERTIFICATE AWARD PETITION

(SUBMIT AFTER CERTIFICATE APPLICATION HAS BEEN ACCEPTED AND REQUIRED COURSES AND ELECTIVES HAVE BEEN COMPLETED)

Date Submitted ________________________

Name ____ Student ID______________________________

Address ____ Tel. No. ______________________________
(street)

____ Email Address:_________________________
(city) (state) (zip code)

****

ADMISSIONS INFORMATION

Undergraduate Degree _____________________ Major ____

School ___________________________________ Date Received ____

Intended Degree at UML, if any: ____

Do you want counseling about a degree program? ___________

****

COURSE METHOD (Check)

____***On*** *Campus* ____***Off*** *Campus* ____***On****line* ____***Mixe****d*

****

FIVE COURSES SUBMITTED TOWARD CERTIFICATE (Check)

Students must have attained a 2.0 grade point average in order to receive a certificate.

REQUIRED (4)

___35.206 Human Nutrition
___35.207 Fitness and Nutrition OR
___36.372 Obesity & Weight Control
___36.371 Advanced Human Nutrition
___36.481 Clinical Nutrition

ELECTIVES (1)

___35.207 Fitness and Nutrition OR
___36.372 Obesity & Weight Control
___36.350 Human Biochemistry
___36.406 Biochemistry of Lipids
___36.463 Vitamins & Minerals
___36.472 Nutrition & Gene Expression

SUBSTITUTED COURSE OR TRANSFER COURSE *(only one course permitted)*

Course Name _______________________________________ College where taken _____________________ Year ______

Substituted for UML Course____

- -

SIGNATURE REQUIRED:

____

Student Signature / Date *Program Coordinator / Date*

4/08

Mail to: University of Massachusetts Lowell, Continuing Studies and Corporate Education
One University Avenue, Lowell, MA 01854-2881