Columbus State Community College Nutrition and Dietetics Program

Official Application Deadline to Apply: April 1st, 2025

Student First Name:	Last Name:
Maiden Name (if applies):	
Other Last Name/s listed on previous	recorded transcripts :
Other E-mail Address:	
Cougar ID:	
Current Address:	City:
State: Zip:	Length of time at this address? Yrs. Mo:
Phone Numbers: Home ()	Cell ()
Permanent Home Address :	City:
State: Zip:	City: Mo: Mo:
Phone Numbers: Home ()	Cell ()
Are you (or have you ever been) a stu	dent at Columbus State? YES NO
Quarter or Semester and Year of first	start date at Columbus State. <i>Quarter or Semester Year</i>
Declared major: Dietetics Tech A.A.S.	Dietary Manager Certificate
Name of the higher education institut	cion that you are currently enrolled (if not CSCC)
List below all colleges and dates atter 1. 2. 3.	nded:
Have you ever been convicted of a felony? NO YES	
Nondiscrimination Policy / Reasonable Accommodations Policy: Columbus State Community College does not discriminate against any individual or group of individuals for reasons of race color, religion, ancestry, national origin, sex, disability or veteran status.	
, ,	provide reasonable accommodations to students with disabilities. If you would like to request such ng disability, please contact the Dept. of Disability Services.
By signing below, I attest that all information contained in the application is correct, to the best of my knowledge. This includes all transcripts, applications, statements, and any other materials submitted. I also understand that all application materials become the property of Columbus State Community College and are not returned to me.	
Name	

Please Email Completed Application to:

Nutrition and Dietetics Program
Attn: Paula Gallagher, MFN, RD, LD – Program Coordinator
Mitchell Hall 302D
Columbus State Community College
550 East Spring Street
Columbus, OH 43215
pgallagher3@cscc.edu