



## VA Caribbean Healthcare System Dietetic Internship Program

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Subject: Authorization for the Release of DICAS Application to CCC Master Program

I  give or  don't give my permission to the VACHS DIP to provide a copy of my DICAS application in its entirety with Cedar Crest College for the sole purpose of application to one or more of the following master's degree programs:

- Master of Nutrition Sciences (MHSc)
- Master of Science in Integrated Exercise Science (MSIES)
- Master of Professional Studies (MPS)
- Master of Business Administration (MBA)
- Master of Public Health (MPH)

By checking this box , I verify that I am the student and I hereby make the above request regarding the release of FERPA-protected information contained in the DICAS application to VACHS DIP.

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Applicant Signature