

**AUBURN UNIVERSITY
DIETARY MANAGER INDEPENDENT STUDY PROGRAM**

Program Completion Certificate Information

Please PRINT

Date ____/____/____

Student Number _____

Name as you want it to appear on Certificate _____

First

Middle

Last

Clinical Instructor Name _____

Last

First

MI

Facility Name _____

Facility Address _____

Street or Box

City

State

ZIP

Administrator Name _____

Last

First

MI

Send my certificate to:

- Me directly by mail
- My Clinical Instructor for formal presentation
- My Facility Administrator for formal award