



OFFICE OF PROFESSIONAL AND  
CONTINUING EDUCATION

**FACILITY ADMINISTRATOR'S ENDORSEMENT**

I recommend \_\_\_\_\_ and agree to this applicant's enrollment  
(student)

in the Dietary Manager Independent Study Program. I agree that this facility will:

- Provide a climate for learning and encourage the student.
- Allow the student to complete a minimum of 150 hours of supervised on-the-job experiences that are required for the course.
- Permit the student to use the facility to perform on-the-job learning activities.
- Provide additional time for the consulting/ supervising dietitian to supervise the student's work-related learning experiences. (At least 50 hours of contact between student and dietitian are required.)
- Understand that enrollment entitles the student to a maximum of 24 months to satisfactorily complete all course requirements including the final examination. The minimum time required is six months.
- I understand that no refunds will be granted after the enrollment process is completed.

\*Name \_\_\_\_\_

\*Title \_\_\_\_\_ Facility .

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*This form must be signed by the facility administrator and faxed or emailed to the OPCE Office.  
Fax: 334-844-3101 Email : dietmgr@auburn.edu**