AUBURN
UNIVERSITY OUTREACH

OFFICE OF PROFESSIONAL AND
CONTINUING EDUCATION

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_____

First Middle Last

Facility Name_____

Facility Address_____

Street or Box City State ZIP

Administrator Name_____

First Middle Last

Send my certificate to:

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