INFORMATION SHEET REGARDING APPLICATION PROCESS
FOR A BACHELOR OF SCIENCE DEGREE IN CULINARY NUTRITION

Application Information and Instructions
Applications will be accepted from Culinary Arts and Baking & Pastry Arts A.S./A.O.S./A.A.S.
degree holders and students transferring from other culinary colleges which meet JWU’s
academic requirements. Baking & Pastry Arts students are required to take culinary labs before
starting to the program. All applicants are required to submit the following items:

1. Application
2. Resume
3. Recommendation forms (three)
   - two from chef instructors
   - one from academic instructor
4. One letter of recommendation (suggestions: college instructor, current/former employer,
   community service/volunteer experience, etc.)
5. Change of Status form (Only needs to be filled out by currently enrolled Johnson &
   Wales students.)
6. Interview / Telephone Interview will be scheduled by Program Director.
7. Student Degree Progress (Currently enrolled students can obtain their audit from the
   Grad Planning System (GPS) through jwuLink. Students applying from outside of JWU
   will need an official transcript.)

Note: Students are encouraged to refer to the graduation requirements of the Culinary Nutrition
program by reviewing the catalog description or by contacting SAS (or the Admissions
department if you are transferring from another institution). This will prevent any unforeseen
complications or delays when applying to this program.

If you have any questions prior to filling out the application, contact the appropriate Program
Director.

Providence Campus
Professor Todd Seyfarth   (401) 598-2589   email: Todd.Seyfarth@jwu.edu

Denver Campus
Professor Marleen Swanson   (303) 256-9539   email: Marleen.Swanson@jwu.edu
APPLICATION FOR BACHELOR DEGREE PROGRAM CHECKLIST

Date Completed:

1. Application
2. Up-to-date resume
3. Change of Status Form (Only needs to be filled out by currently enrolled JWU students.)
4. Three recommendation forms (These forms must be handed personally to instructors allowing enough time for them to complete and return to Culinary Administration.)

<table>
<thead>
<tr>
<th>Name</th>
<th>When given</th>
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<tbody>
<tr>
<td>a. Chef Instructor</td>
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<td>b. Chef Instructor</td>
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<tr>
<td>c. Academic Instructor</td>
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5. Letter of recommendation (Allow enough time for it to be sent to the school using the address below.)

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<thead>
<tr>
<th>Who</th>
<th>When contacted</th>
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6. Printed audit from the Grad Planning System (GPS). Students applying from outside Johnson & Wales University should provide official transcripts.

7. Interview scheduled (You will be contacted with a date and time for your interview.)

Application, resume, change of status form, letter of recommendation and GPS audit/ transcript must be sent to the appropriate campus:

Johnson & Wales University
Culinary Administration
HAC Building
265 Harborside Boulevard
Providence, RI 02905
Phone: (401) 598-1925
Fax: (401) 598-1379

Johnson & Wales University
Marleen Swanson
Vail Hall, Room 103
7150 Montview Boulevard
Denver, CO 80220
Phone: (303) 256-9539
Fax: (303) 256-9371

Failure to provide complete information may delay the processing of your application.
## APPLICATION FOR A BACHELOR OF SCIENCE DEGREE IN CULINARY NUTRITION

### PART I - PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Last name:</th>
<th>First name:</th>
<th>Initial:</th>
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Student ID#: J

JWU email address:

**Local Mailing Address:**

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<tr>
<th>Street</th>
<th>Apt.</th>
<th>#</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Telephone Number: Home (  ) Cell (  )

**Permanent Mailing Address:**

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</table>

Telephone Number: Home (  ) Cell (  )

**Entrance Date:**

I am applying for the term beginning: [ ] Fall [ ] Winter [ ] Spring Year _________

Have you previously attended Johnson & Wales University? [ ] Yes [ ] No

If you answered “yes” to the previous question, which campus did you attend and when?

**Degree Received:**

[ ] Associate Degree in Culinary Arts [ ] Associate Degree in Baking & Pastry Arts [ ] Others (specify)

Date __________________ Date __________________ Date __________________
PART II – ESSAY QUESTION (minimum of one page typed)

Please write a one page essay describing your short and long term goals. Include in this essay why you feel this program will help you achieve your goals.

PART III – FACULTY RECOMMENDATIONS

Please indicate below who you requested recommendations from:

1. Chef Instructor
   Course name, term and segment:

2. Chef Instructor
   Course name, term and segment:

3. Academic Instructor
   Course name, term and segment:

4. Letter of recommendation
   Location:

I hereby submit the above application and guarantee the payment of all financial obligations incurred by me upon enrollment. I hereby authorize Johnson & Wales University to review my academic progress in order to evaluate my application. I further authorize Johnson & Wales University to publish for public relations purposes, a photograph(s) in which I appear. I also further agree to support the administration in upholding the rules and regulations of the University and in maintaining high standards in all phases of college life.

Applicant’s Signature: ___________________________ Date: ________________

Johnson & Wales University does not discriminate unlawfully on the basis of race, religion, color, national origin, age, sex, sexual orientation, gender identity or expression, genetic information, or disability, in admission to, access to, treatment of, or employment in its programs and activities. The following person has been designated to handle inquiries regarding the Nondiscrimination Policy: University Compliance Officer, Johnson & Wales University, One Cookson Place, Providence, RI 02903, 401-598-1423.

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Failure to provide complete information may delay processing your application.
Nutrition Program Faculty Recommendation Form

Part I (to be completed by student)

Please check the appropriate campus:

☐ Providence  ☐ Denver

Student: ___________________________________________  ID Number: J __________________________

Instructor: __________________________________________________________

Class: ______________________________________________________________

Term: _________________  Segment: _______________________________________

Part II (to be completed by faculty member)  ☐ Lab  ☐ Academic

Please state your personal and professional comments regarding this student’s performance, commitment and
strengths, especially those related to their chosen degree path.
Thank you for your assistance in getting to know this student.

Please forward to the appropriate department:
Providence Campus – Harborside Culinary Faculty Office, Harborside Academic Center or
fax to 401-598-1379
Denver Campus – Marleen Swanson, Vail Hall, Room 103 or fax to 303-256-9371

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

Instructor Signature: ___________________________  Date: _______________
Nutrition Program Faculty Recommendation Form

Part I (to be completed by student)

Please check the appropriate campus:

☐ Providence  ☐ Denver

Student: ____________________________  ID Number: J ____________________________

Instructor: __________________________________________________________

Class: ________________________________________________________________

Term: ____________________________  Segment: ____________________________

Part II (to be completed by faculty member)  ☐ Lab  ☐ Academic

Please state your personal and professional comments regarding this student’s performance, commitment and strengths, especially those related to their chosen degree path.

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________________________________________________________________________

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Instructor Signature: ____________________________  Date: ____________________________
Nutrition Program Faculty Recommendation Form

Part I (to be completed by student)

Please check the appropriate campus:

☐ Providence  ☐ Denver

Student: _________________________________  ID Number:  J  _________________________

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___________________________________________________________________________
___________________________________________________________________________
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___________________________________________________________________________

Instructor Signature: ___________________________ Date: ___________________________