



*This form and process is to be utilized if payment is made by mailed check (i.e., if not made via credit card through the UC Davis Medical Center Cashier's Office.

UC DAVIS MEDICAL CENTER DIETETIC INTERNSHIP

APPLICATION PAYMENT COVER SHEET*

1. Provide the following information (all are required for your application to be considered):

Applicant Name: (same used on DICAS application)	
Street Address:	
City, State, Zip Code:	
Telephone Number:	
Email Address:	
DPD Program:	

2. Complete and upload all required documents for our program in the DICAS system **by the January 6, 2025 deadline.**

3. **Enclose \$50.00 application fee** (non-refundable), and make check payable to **“UC Regents”**.

4. OPTIONAL: Enclose a **Self-Addressed Stamped Postcard (SASP)**

Please write **“Application Received”** on back of the postcard. Upon processing your Supplemental Application, the UCDMC DI Program will sign and return any SASPs included in your application packet. **This is the preferred and most accurate method to ensure your Supplemental Application is received.** USPS Return-receipt is not necessary and has the potential to be an inaccurate assurance.

5. **Sign and date this Application Payment Cover Sheet**

6. **Mail the Application Payment Cover Sheet and application fee to be received by January 6, 2025** (mailed check must be **postmarked by December 23, 2024**) to:

UC Davis Medical Center Dietetic Internship Program
Supplemental Application
Food and Nutrition Services Dept.
2315 Stockton Blvd., SESP 0P160
Sacramento, CA 95817

Signature_____

Date_____