

## Request for Evaluation of Emphasis Area Coursework

Name: \_\_\_\_\_ PSU ID: \_\_\_\_\_ PSU email: \_\_\_\_\_

I am graduating:      Spring      Summer      Fall      Year: \_\_\_\_\_

I have filed my intent to graduate on elion:      Yes      No

I have completed course requirements for the following Emphasis Areas in Nutrition (check all that apply)

### Public Health and Nutrition Policy

Course (i.e. NUTR 425)	Course Title	Sem/Year	Credits	Grade

### Nutrition and Foods in Business

Course (i.e. NUTR 425)	Course Title	Sem/Year	Credits	Grade

### Nutrition Education and Communications

Course (i.e. NUTR 425)	Course Title	Sem/Year	Credits	Grade

### Community Nutrition and Food Security

Course (i.e. NUTR 425)	Course Title	Sem/Year	Credits	Grade

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Adviser signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit to: **Brenda Eissenstat, Dept of Nutritional Sciences, 110 Chandlee Lab, University Park, PA**

Department Use Only Student Approved: _____	Certificate created: _____
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