

**Franciscan Missionaries of Our Lady University**

**Master of Science in Nutritional Sciences Dietetic Internship (MSNS-DI) Program**

Name	
Current Address	
Permanent Address (if different from above)	
Phone number (xxx-xxx-xxxx)	
Email address	

Submit preference of city for your major rotation from 1 to 5 (1-first choice, 2-second choice, etc.).  
Program cannot guarantee city of first preference.

\_\_\_\_\_ Baton Rouge (Our Lady of the Lake Regional Medical Center)

\_\_\_\_\_ Bogalusa (Our Lady of the Angels Hospital)

\_\_\_\_\_ Gonzales (St. Elizabeth Hospital)

\_\_\_\_\_ Lafayette (Our Lady of Lourdes Regional Medical Center)

\_\_\_\_\_ Monroe (St. Francis Medical Center)

\_\_\_\_\_ No preference

Submit this cover sheet with a \$40 non-refundable application fee in the form of a check or money order, made payable to the MSNS-DI Program. This information must be postmarked by February 15<sup>th</sup>.

**Mail to:**  
**MSNS-DI Program**  
**Attn: Rachel Fournet, PhD, RDN, LDN**  
**7443 Picardy Avenue**  
**Baton Rouge, LA 70808**