



JOHNSON & WALES
UNIVERSITY

College of Culinary Arts

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 A BACHELOR OF SCIENCE DEGREE
IN CULINARY NUTRITION**

PART I - PERSONAL INFORMATION

PLEASE PRINT OR TYPE

Last name: _____ First name: _____ Initial: _____

Student ID#: J _____

JWU email address: _____

Local Mailing Address:

Street _____ Apt. # _____

City _____ State _____ Zip Code _____

Telephone Number: Home () _____ Cell () _____

Permanent Mailing Address:

Street _____ Apt. # _____

City _____ State _____ Zip Code _____

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.

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 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

Instructor Signature: _____

Date: _____

