

**DECLARATION OF INTENT TO COMPLETE
DEGREE AND/OR CADE MINIMUM
ACADEMIC REQUIREMENTS**



**COMMISSION ON ACCREDITATION
FOR DIETETICS EDUCATION**
American Dietetic Association
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995

Based upon courses already completed, projected courses listed below, and completion of at least a baccalaureate degree, the following applicant will meet the minimum academic requirements for the Didactic Program in Dietetics accredited/approved by the Commission on Accreditation for Dietetics Education (CADE) of the American Dietetic Association.

Applicant's name: _____

**College or University Didactic Program in
Dietetics:** _____

Degree granted or to be granted: _____

Month/Year Degree completed or to be completed: _____

College or University conferring Degree, if different from above: _____

Attach official transcript(s) for courses completed to date.

**LIST COURSE(S) AND DATES(S) OF PROJECTED COMPLETION
CADE Minimum Academic Requirements**

Electives:

Didactic Program Director Name: _____

Director's Signature: _____

Applicant's Signature: _____

Date: _____