

# Dietary Manager Waiver

## Waiver for the Non-Nutritional Portion of the Dietary Manager Training Program Field Experience

Students enrolling in the Dietary Managers Correspondence Course may apply for a waiver (exemption) of the non-nutritional portion (100 hours) of the required field experience (150 hours).

This waiver does NOT exempt the student from the requirement to complete all lessons.

The student must have a minimum of two years experience in a **managerial or supervisory capacity in institutional food service**, which is supervision of production and foodservice. Managerial/supervisory experience is defined as on-the-job time in a full-time management capacity. Institutions are defined as organizations or corporations such as hospitals, nursing homes, schools, military food service, correctional, commercial and/or community feeding programs. Restaurant work is not classified as institutional foodservice.

If you qualify for this waiver for the non-nutritional portion of the Dietary Manager Training Program field experience, please complete the application below. Submit your application to the University of North Dakota with your application for the Dietary Managers Course.

Name \_\_\_\_\_

### **Current Employment**

Job title \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr)

Place of employment \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

### **To be completed by supervisor:**

Candidate employed under my supervision from \_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr)

Duties performed by candidate \_\_\_\_\_  
\_\_\_\_\_

Has candidate performed satisfactorily while under your supervision?  Yes  No

Are you aware of any information that would adversely reflect on the character or competence of this person?  Yes  No

**I hereby certify that the above information is correct to the best of my knowledge.**

Signature of Student \_\_\_\_\_

Signature of supervisor \_\_\_\_\_

Date \_\_\_\_\_ Work phone \_\_\_\_\_

If your **two years** of managerial/supervisory experience is not met by your current employment, please photocopy this page and record previous employment experience, and have your former employer complete the supervisor-related questions.

The University of North Dakota reserves the right to verify information supplied on the experience request section.