PART II

PART III – FACULTY RECOMMENDATIONS

Please indicate below who you requested recommendations from:

1. Chef, Nutrition, Food Science Instructor _____ Course name and term: _____
2. _____ Course name and term: _____
3. _____ Course name and term: _____

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 re(c)63.7e seuTc -0[(oo)2575(: 6 397.56.42 4.9 396