



COLLEGE OF EDUCATION & HUMAN DEVELOPMENT

**LAMAR UNIVERSITY**

Department of Nutrition, Hospitality & Human Services

**Lamar University Dietetic Internship with MS in Nutrition-Dietetics program  
(MS Degree Seeking or Post-masters Students)  
Preceptor and Facility Information**

Preceptor Name:

Preceptor Credentials:

Preceptor Work Phone Number:

Preceptor Work Email:

Facility Name:

Facility Address:

State:

Zip code:

I agree to be a Preceptor for intern \_\_\_\_\_ after  
acceptance to the Lamar University Dietetic Internship program.

Agreed length of rotation: \_\_\_\_\_ (minimum of 6 weeks is required)

Agreed area of specialty of clinical nutrition rotation \_\_\_\_\_ (i.e., general  
medicine, telemetry, ICU, Neuro, LTC, LTAC, or other clinical other not listed)

Comments or concerns:

Preceptor Printed Name:

Preceptor Signature:

Potential LU Intern Printed Name:

Potential LU Intern Signature:

DATE: