

## **PROFESSOR SUPPORT STATEMENT**

Student directions: Download and have your professor (a professor you have for your major courses or the professor who oversees your degree area) complete this form. The professor will need to be able to participate in a conference call with the traineeship coordinator and be reachable during the summer semester. Please share the Traineeship information with your professor.

### **FACULTY SIGNATURE: By signing below, you are agreeing that:**

1. The student meets the requirements and would be a good candidate for the DNPAO Nutrition and Physical Activity Traineeship, and that the student has a major or minor in nutrition, kinesiology, or related area.
2. You will be available for a conference call with the Traineeship Coordinator during April to confirm that the experiential work opportunity will count as credit for the student's summer academic course. This may also include correspondence with the designated fellowship preceptor.
3. You will be available for emails, if needed, during the summer semester.
4. If possible, you will participate in the student's exit presentation at the end of July.

I agree with the above statements.

**Signature:** \_\_\_\_\_

**Printed Name:**

**Title:**

**Phone:**

**Email:**