HNF 445: FOODSERVICE MANAGEMENT PRACTICUM

All students planning to enroll in HNF 445 will need an override to enroll in the approved section of the course. After receiving the override, students may enroll in HNF 445 during the normal enrollment period.

Enrolling Steps:

1. HNF 445 is restricted to seniors in dietetics and to graduate students in human nutrition that are completing the didactic requirements for dietetics. HNF 440, Foodservice Operations, is a pre- or co-requisite course.

2. To obtain your form either pick it up in room 106 Trout FSHN or print from the FSHN web site (http://fshn.msu.edu/) and fill it out as accurately and thoroughly as possible. The form will be used for foodservice placement and to provide the foodservice manager and/or supervisor with background information about your experiences. The completed form is absolutely necessary for enrollment in HNF 445. No exceptions!

3. Return the completed form to Ms. Cherie Perkins in Room 106 Trout FSHN Bldg. Ms. Perkins will then give you the override into HNF 445 during normal April enrollment.

4. Students failing to enroll in HNF 445 during April for the following academic year risk being closed out of the course. This is a required course to graduate. Space is very limited.

5. If you are unable to enroll in advance due to financial aid/enrollment hold reasons, inform the instructor as soon as possible so that a place may be reserved for you before all of the practicum sites are filled.
HNF 445 FOODSERVICE MANAGEMENT PRACTICUM

NAME ___________________________ Student Number _____________ Phone # ____________________________

Local Address ___________________________ E-mail ____________________________

Anticipated Graduation Date ____________________________

Please indicate which Semester you would like to take HNF 445:   Fall, 20____  Section 301 _____

Spring, 20_____  1st half, Section 301 _____  2nd half, Section 302 _____

Note: Spring may be held only the 2nd half depending on student numbers.

Your First Name as you would like it to read on your class name tag: ____________________________

Note: Students will be working in all areas of food service. Please indicate if you are able to work, bend, and lift in food service or if you need any special accommodations.

Work without accommodations: _______ Work with accommodations (list specific assistance needed): ____________________________

Practicum Site Preference: (Check [✓] all the sites that you would like to work in.

Note: You must have a car or reliable transportation to be placed off campus. Do you have a car? YES ____ or NO ____

Placement requests will be considered, so please indicate which neighborhood you prefer.

(You may indicate more than one in ranked order if desired.)

_____ 1. Brody Neighborhood     ____ 2. Kellogg Center     _____ 3. Off-Campus Sites: A ____ Long Term Care

_____ 4. East and River Trail Neighborhoods (Akers, Holmes, Hubbard, Owen)  B ____ School Food Service

_____ 5. Red Cedar, West Circle and Shaw Neighborhoods (Snyder/Phillips, Yakely, Landon, Shaw)

_____ 6 South Neighborhood (Case, Holden, Wilson, Wonders)

_____ 7 State Food Truck (Lab time: 9:00-11:50 am – McDonel Hall or Food Truck)

Do you anticipate working in MSU culinary services during your HNF 445 semester? Yes___ No___ If yes, which one____________

Note: If you are a student supervisor in a MSU Residence Hall and are interested in completing the practicum requirement on your own.

Please indicate here the name of the manager willing to work with you ____________________________ (Manager's Name)
Reason for Site Preference:
(e.g. currently living near chosen hall, easy to walk to that hall, on bus line, would like experience working with population):


FOODSERVICE EXPERIENCE
List your restaurant and campus, hospital and/or nursing home foodservice experience. Please fill out accurately.

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<th>JOB TITLE &amp; GENERAL RESPONSIBILITIES</th>
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List other work experience, especially management experience and/or experience working in teams.

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What has been your most meaningful foodservice experience? (Volunteer or paid employee?)

______________________________________________________________________________________________________
________________________________________________________________________________________________________

What do you hope to gain from the MSU Residence Hall foodservice experience?

________________________________________________________________________________________________________
________________________________________________________________________________________________________

After the course instructor has reviewed this form and the hall assignment has been made, this form will be forwarded to your assigned residence hall foodservice manager so he/she can review.