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	ME Student Number <u>A</u>		Phone #		
Local Address E-mail					
Anticipated Graduation Date					
Please indicate which Seme	ester you would like to take HNF 445:	Fall, 20	1 st half, sec	tion 301	
Spring, 20 1 st hall Note: Sprin	lf, section 301 g may be held only the 2 nd half depend	Spring, 20 ing on student num	2 nd half, sect bers.	ion 302	
Your First Name as you would like	e it to read on your class name tag:			<u> </u>	
NOTE : Students will be working in need any special accommodations	n all areas of food service. Please indic s.	ate if you are able	to work, bend, a	and lift in food service or if you	
Work without accommodations	Work with accommodations (ist specific assista	nce needed):		
	eck [\checkmark] all the sites that you would like or reliable transportation to be place		Do you have a d	car? YESor NO	
Placement requests will be consid- (Can indicate more than one i	ered, so please indicate which neighborn ranked order if desired)	rhood you prefer.			
1. Brody Neighborhood	2. Kellogg Center	3. Off-	Campus Sites:	A Long Term Care	
4. East and River Trail Ne	ighborhoods (Akers, Holmes, Hubbard,	McDonel, Owen)		B School Food Service	
5. Red Cedar, West Circle	and Shaw Neighborhoods (Snyder/Phi	llips, Yakely, Shaw	')		
6. South Neighborhood (C	ase, Holden, Wilson, Wonders)				
Do you anticipate working in MSU	culinary services during your HNF 445	semester? Yes	No If yes	, which one	
	sor in a MSU Residence Hall and are in	-	eting the practicu	ım requirement on your own.	

Reason for Site Preference:		
(e.g. currently living near chos	en hall, easy to walk to that hall, on bus line, would like experience	e working with population):
FOODSERVICE EXPERIENCE		
List your restaurant, catering, ca	mpus, hospital and/or nursing home foodservice exp	erience. Please fill out accurately
LOCATION	JOB TITLE & GENERAL	LENGTH OF
	RESPONSIBILITIES	EMPLOYMENT
1.		
2.		
3.		

List you're other work experience, especially management experience and/or experience working in teams.

LOCATION	RESPONSIBILITIES	LENGTH OF EMPLOYMENT
1.		
2.		
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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, the form will be forwarded to your assigned residence hall foodservice manager so he/she can review your foodservice.