

## CERTIFICATION FORM

Applications must include a completed certification form. Please ensure that the information below is completed by the applicant, advisor, and program director fully. Once complete, the certification form should be uploaded during the application submission process on the ASN Foundation Portal.

### APPLICANT:

*I certify that:*

- *I am a student enrolled in a U.S. graduate program in nutrition.*
- *I am an ASN member.*
- *The proposed research project described in my application is my original work.*

Applicant's Name (please print or type):

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Applicant's Institution (please print or type):

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ADVISOR:

*I certify that studies substantially similar to those described in this student's application may be carried out by the student while fulfilling his/her degree requirements.*

Advisor's Name (please print or type):

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PROGRAM DIRECTOR:

*I certify that the above applicant is enrolled in a U.S. graduate program in nutrition.*

Director's Name (please print or type):

Signature:

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Date: \_\_\_\_\_