

# 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. This 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. **Email** your completed form to Marcia Hardaker ([hardake1@msu.edu](mailto:hardake1@msu.edu)).
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 the practicum sites are filled.**

# HNF 445 FOODSERVICE MANAGEMENT PRACTICUM

NAME \_\_\_\_\_ Student Number A 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**\_\_\_\_\_ Section 302 \_\_\_\_\_

Your **First Name** as you would like it to read on 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.)

Residence Hall Culinary Services

Other

\_\_\_\_\_ 1. Brody Neighborhood

\_\_\_\_\_ 5. Food Truck (meets from 9:30am-11:50am)

\_\_\_\_\_ 2. North Neighborhood (Gallery, Landon)

\_\_\_\_\_ 6. Kellogg Center

\_\_\_\_\_ 3. South Neighborhood (Case, Holden)

\_\_\_\_\_ 7. Off Campus (long term care)

\_\_\_\_\_ 4. East & River Trail Neighborhoods (Akers, Holmes, Hubbard, Shaw, Owen)

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 class requirements on your own, without attending the Tuesday practicum, please indicate here the name of the manager willing to work with you

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**(Manager's Name)**

**Reason for Site Preference:**

(e.g. currently living near chosen hall, would like experience working with population):

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**FOODSERVICE EXPERIENCE**

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

LOCATION	JOB TITLE & GENERAL RESPONSIBILITIES	LENGTH OF EMPLOYMENT
1.		
2.		
3.		

**List other work experience, especially management experience and/or experience working in teams.**

LOCATION	RESPONSIBILITIES	LENGTH OF EMPLOYMENT
1.		
2.		

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

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What do you hope to gain from the Food Service Management Practicum?

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