

**College of Health and Human Sciences  
Northern Illinois University  
B.G. S. Application**

Applicants for the degree of Bachelor of General Studies (B.G.S.) must be health or human sciences professional who hold a professional credential, certificate, or license in a health or human sciences field and have completed an applied associates degree program or equivalent number of credits. Other professional recognitions in health or human sciences may be considered on an individual basis. Applicants **must** be admitted to NIU as "undeclared" HHS major prior to review of this application.

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
(Last) (First) (Middle or Maiden)

**Present Address** \_\_\_\_\_  
\_\_\_\_\_  
(Street) (Apt #)  
\_\_\_\_\_  
(City) (State) (Zip Code) (Phone)

**Permanent Address (If different)** \_\_\_\_\_  
\_\_\_\_\_  
(Street) (Apt #)  
\_\_\_\_\_  
(City) (State) (Zip Code) (Phone)

\_\_\_\_\_  
Cell Phone Number Home Phone Number  
\_\_\_\_\_  
E-mail address Social Security Number

**Credential, Certification, or License in Health or Human Sciences field:**

\_\_\_\_\_  
Specify Specific Credential, Certification, or License  
\_\_\_\_\_  
Institution or Agency Awarding Credential, Certification, or License & Date Awarded

Attach a copy of appropriate diploma, transcript, certificate and/or license

**Goal Statement:** Attach a one page goals statement identifying your professional goals for seeking the BGS.

**Education:** List all colleges or universities attended, with most recent listed first.

College/University	Address (City/State)	Start and End Dates (Month/Year)	Degree

**Professional Organization Memberships:** List professional organizations of which you are a member.


**Professional Experiences in the past five (5) years:** List all professional experiences beginning with the most recent. Use additional paper if necessary.

Name of Employer / Organization	Position Title	Start and End Dates (Month/Year)	Hrs/Wk or Total Hours	Paid, Volunteer, or Practicum
1.				
Supervisor's Name and Title:			Email:	
Key Responsibilities:			Phone:	
2.				
Supervisor's Name and Title:			Email:	
Key Responsibilities:			Phone:	
3.				
Supervisor's Name and Title:			Email:	
Key Responsibilities:			Phone:	

I certify the information I have provided in this application is true and accurate and recognize any false or incorrect statements made herein will be grounds rescission of admission from the program.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature