APPLICATION
CERTIFICATE OF GRADUATE STUDY IN EATING DISORDERS & OBESTIY
School of Family, Consumer, and Nutrition Sciences
College of Health and Human Sciences
Northern Illinois University

Date_____

Requested enrollment semester _____/_____ Anticipated completion date_____/_____

Name_____ Social Security #_____-_____-_____
Last First

ZID_____(if available)

Address _____
Street City State Zip

(_____)_____ (___)_____ (_____)_____
Home Telephone Business Telephone Cell Telephone

Email Address _____

Previous Degree(s) _____

_____
(indicate degree, date, and where received)

Current NIU Status: Student at Large _____ Graduate student in _____program

Please identify the courses you have completed by filling in the blanks.

	Course	**School**	**Year**	**Grade**
Introductory Nutrition	_____	_____	_____	_____
Introductory Psychology	_____	_____	_____	_____
Intro to Family Relationships	_____	_____	_____	_____

***On a separate page, list previous coursework that is relevant to this program**
***On a separate page, briefly describe your goals in pursuing this certificate (250 words or less)**
***Please Attach Official Transcript(s) that document relevant coursework and earned degrees.**
***All materials must accompany application form.**

Return materials to: **Amy D. Ozier, PhD, RD, LDN**
Assistant Professor
Facilitator, EDOC
School of Family, Consumer & Nutrition Sciences
Northern Illinois University
DeKalb, IL 60115

Application Deadlines –
June 1 - Fall semester
November 1 - Spring semester
April 1 - Summer semester