

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

**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) Practicum	Hrs/Wk or Total Hours	Paid Volunteer or

1. _____
Supervisor's Name and Title: _____ Email: _____

Phone: _____

Key Responsibilities: _____

2. _____
Supervisor's Name and Title: _____ Email: _____

Phone: _____

Key Responsibilities: _____

3. _____
Supervisor's Name and Title: _____ Email: _____

Phone: _____

Key Responsibilities: _____

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 for rescission of admission from the program.

_____ Date

_____ Signature