Student Support Services General Application

Instructions: Please complete items 1-10, sign and date your completed application before you submit it. If you provide us with all of the required information you can expect a decision on your application within 3-4 business days. *Please print clearly.*

<table>
<thead>
<tr>
<th>1. Biographic Information</th>
<th>Z-ID ___________________________</th>
<th>Birth Date _____ / _____ / _______</th>
<th>Gender: Female Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Local Phone: (____) -</td>
<td>Local Address: ______________________</td>
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</tr>
<tr>
<td>Last</td>
<td>First</td>
<td>Initial</td>
<td>Street: ____________________</td>
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<td></td>
<td></td>
<td>City __________ State ______ Zip</td>
<td></td>
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<tr>
<td>E-mail:</td>
<td>Permanent/Cell Phone: (____) -</td>
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</tbody>
</table>

2. Ethnic Background

What is your ethnicity? Please circle all that apply:
- African American
- Native American
- Latino
- Asian
- Caucasian
- Other ______________________________________________________________________

3. Citizenship

Please circle one:
- U.S. Citizen Yes No
- Permanent Resident of the U.S.? Yes No
- Have a Student Visa? Yes No

4. Parent’s Education

Have either of your parents/guardians received a bachelor’s degree? Yes No

5. Family Income

Size of Household (including yourself) _______ Family Income $ ________________

**Income verification may be required from the parent(s)/guardian(s) of dependent applicants as well as from independent applicants.**

6. Disability Status

Do you have documented physical or learning disability? Yes No

If yes, circle all that apply:
- Low Vision (20/70 to 20/200)
- Complete Hearing Loss
- Legally Blind (20/200+)
- Speech Impairment
- Mobility Impairment
- Coordination Impairment
- Diagnosed Learning Disability
- Other ___________________________________________________________________

7. Academic Plans

Please check your intended area of study at NIU:
- Biology
- Business
- Chemistry
- Clinical Lab Sciences
- Communications
- Community Health
- Computer Science
- Economics
- Education
- Engineering
- Engineering Technology
- Family, Consumer, Nutrition Sci.
- Mathematics
- Nursing
- Physical Therapy
- Physics
- Political Science
- Pre-Law
- Pre-Med
- Sociology
- Undecided
- Other: ___________________________________________________________________

8. Educational Progress

High school attended __________________________ Graduation date: __________

Colleges or universities attended before coming to NIU:

___________________________________________________________________________

Dates of attendance: ________________________________________________________

Degree earned: ______________________________________________________________

Total number of credits earned: _____________________________________________

Semester/year admitted to NIU: _____________________________________________

Number of credits transferred: ______________________________________________

Estimated graduation date from NIU: ________________________________

Would you like to have a peer mentor? Yes No

Are you a parent? Yes No

Rev. 4/04
9. **Services Needed**
   Please check all areas for which you may need assistance:
   - Course selection
   - Deciding on a college major
   - Limited access major admissions
   - College survival skills
   - Math skills
   - Reading skills
   - Writing skills
   - Test-taking skills
   - Academic counseling
   - Personal counseling
   - Financial aid counseling
   - Career counseling
   - Resume writing
   - Interviewing skills
   - Life planning
   - Social networking

**Other:** ____________________________________________________________

10. **General Information**
    How did you learn about the Student Support Services Program?
    - Yes
    - No

**Counselor**
   Name __________________________
   Other __________________________
   Please Specify __________________

**Faculty/Staff**
   Name __________________________
   Other __________________________
   Please Specify __________________

Are you employed?  Yes  No
   If so, how many hours per week do you work?
   - 1 - 10
   - 10 - 20
   - 20 - 30
   - Full-Time

Are you receiving financial aid at this time?  Yes  No
   If not, do you plan to apply in the future?  Yes  No

Do you intend to continue your education after graduation?  Yes  No
   If so, in what area of study?
   If not, in what field would you like to work after graduation?

What do you see yourself doing five years from now?

____________________________________________________________________

In your own words, please explain briefly why you want to participate in the Student Support Services Program:

____________________________________________________________________

____________________________________________________________________

I **certify** to the best of my knowledge that the information I have provided on this application is correct. I **authorize** Student Support Services to verify the information I have given to qualify for the program and to gather other data required to extend program services.

**Signature** __________________________  **Date** __________________________

Northern Illinois University is an equal opportunity institution and does not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, disability, or status as a disabled or Vietnam-era veteran. The Constitution and Bylaws of Northern Illinois University afford equal treatment regardless of political views or affiliation, and sexual orientation.

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**For Office Use**

- The Department of Education’s approved income limit for a family of _____ is $_________  Applicant’s AGI is $_________

- Student qualifies as:  LI  FG  PD  does not qualify  Student has limited access major or is undecided?  Yes  No

- Student has academic or career need for services?  Yes  No  Accepted?  Yes  Ineligible

- Rationale (if ineligible) ____________________________________________________________

- Counselor(s) assignment _______________________________________________________

**Application Reviewer’s Signature and Date** ________________  **Program Director’s Signature and Date** ________________  **Counselor’s Signature and Date** ________________