

MEDICAL LABORATORY SCIENCES PROGRAM
Northern Illinois University

PERSONAL GOAL STATEMENT

1) Please type in black neatly.

Name _____ Student ID No. _____

Current Major _____ Date: _____

Write a personal goal statement explaining why you would like to be accepted by the Medical Laboratory Sciences Program and what you would like to do with this career. Include any of the following, if applicable to you: a. ability to balance multiple responsibilities such as athletics, employment and voluntary work, b. prestigious awards or honors, c. primary leadership roles, d. laboratory experience.

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STUDENT INFORMATION FORM Part I

NAME: _____ ZID _____

PERMANENT ADDRESS: _____
 (Street, City, State, Zip Code)

PERMANENT PHONE (area code) : _____

NIU (local)ADDRESS: _____
 (Street, City, State, Zip Code)

NIU(local) PHONE # (with area code)and/or cell # _____

E-MAIL ADDRESS: _____

Have you previously attended NIU? ____ Yes ____ No

If yes, what was your last term of enrollment? _____

ACADEMIC INFORMATION				
College/University	Major	Cum GPA	Credit Hours	Degree (if applicable)

TO MONITOR COMPLIANCE WITH CIVIL RIGHTS LEGISLATION, FEDERAL AND STATE AGENCIES REQUIRE THAT UNIVERSITIES DESCRIBE THEIR POPULATIONS. PLEASE COMPLETE AS MUCH AS POSSIBLE.	
Birth Date	
Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Ethnic Origin	<div style="display: flex; justify-content: space-between;"> <div> American Indian or Alaskan Native Asian or Pacific Islander Black/African/Non-Hispanic Other: </div> <div> Hispanic White/Caucasian/Non-Hispanic Prefer not to respond </div> </div>
MLT/CLT Certified	YES NO

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STUDENT INFORMATION FORM
Part II

Please provide information regarding the prerequisite courses **in-progress or planned**.

ACADEMIC INFORMATION			
SEMESTER (Identify Semester/Year to be taken)	NAME OF IN-PROGRESS OR PLANNED COURSES	COLLEGE or UNIVERSITY	TRANSCRIPT SENT TO NIU

Comments:

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ESSENTIAL FUNCTIONS

The following are basic standards of physical and emotional health and communication skills required for participation in the clinical setting. They have been developed in compliance with the American Disabilities Act and the National Accrediting Agency for Clinical Laboratory Sciences.

1. Adequate physical health to meet job requirements and not endanger the health of the student, patient, or employee.
2. Adequate emotional health to work safely and accurately under stress.
3. Adequate hand-eye and fine motor coordination to fulfill the technical requirements of the profession.
4. Ability to hear using assistive devices, if necessary; e.g., phone receivers, hearing aids, etc.
5. Normal or corrected eyesight in order to safely and accurately perform patient testing. Color blindness does not disqualify a student from entering the program, but it must be noted in order to accurately interpret color-related testing.
6. Ability to use oral and written communication effectively in English and to read, understand, and follow directives printed in English. Students applying whose native language is not English may be required to document mastery of the English language through performance on the Test of English as a Foreign Language (TOEFL), or equivalent and demonstrate effective oral communication skills.

All persons applying for admission to the Medical Laboratory Sciences major must sign and return this form with their application materials indicating that they *have read, understood, and are prepared to meet the above standards.*

Please complete, sign and date this form. Return ONE signed form with your application materials, and keep the second copy for your files.

____ YES ____ NO I have read the technical standards.

____ YES ____ NO I understand the technical standards.

____ YES ____ NO I am prepared to meet the technical standards.

____ YES ____ NO I certify that the statements I have made on this application and all other application materials submitted are complete and true.

Signature _____ Date _____