



NORTHWESTERN  
HEALTH SCIENCES  
UNIVERSITY

Office of Admissions  
2501 West 84th St.  
Minneapolis, MN 55431  
(952) 888-4777  
(800) 888-4777

# COLLEGE OF CHIROPRACTIC Application For Admission

*Please read carefully before completing this application:*

1. Application must be completed in full.
2. Application should be typed or printed clearly.
3. A non-refundable application fee of \$50.00 US dollars must be enclosed.
4. Official college transcripts must be sent from the respective schools or colleges directly to the Admissions Office at Northwestern.
5. Mail application to the Admissions Office.

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## GENERAL INFORMATION

Date: \_\_\_\_\_

Term Entering: January 20\_\_\_\_ April 20\_\_\_\_ September 20\_\_\_\_

Social Security number or Social Insurance number (Canada) \_\_\_\_\_ Birthdate \_\_\_\_\_  
Month / Day / Year

Applicant's Full Legal Name: <sup>(Mr.)</sup> \_\_\_\_\_  
<sup>(Ms.)</sup> \_\_\_\_\_  
Last First Middle

Previous Name(s) (if applicable) \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone Day Evening  
\_\_\_\_\_  
E-mail address

Permanent Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone Day Evening

Contact in Case of Emergency: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip  
( ) \_\_\_\_\_  
Telephone Number

Office use only:				
Application received	TD paid	IMM	I20	HH

Are you a United States citizen? Yes \_\_\_ No \_\_\_ If no, specify:

1. Country of birth \_\_\_\_\_
2. Country of citizenship \_\_\_\_\_
3. Birthdate (for immigration purpose) \_\_\_\_\_
4. Do you have any dependents? (For international applicants only) Yes \_\_\_ No \_\_\_
5. If you are a permanent resident please include a front and back copy of your green card.

Please list the languages in which you are proficient: \_\_\_\_\_

Please rate your skill in each English language area; speaking, reading, writing. Place an "x" in the column that best describes your skill in each area.

English Skill	Excellent	Very Good	Average
<b>Speaking</b>			
<b>Reading</b>			
<b>Writing</b>			

Have you ever been charged and/or convicted of a felony? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INTRODUCED TO NORTHWESTERN BY

If there is a specific individual who recommended you to Northwestern, please list their name and address below.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Do you know anyone else who might be interested in learning more about chiropractic or Northwestern College of Chiropractic?  
If so, please list below.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
( ) \_\_\_\_\_  
Telephone Number

## REFERENCES

Please list below the names and addresses of three references whom you have known for at least six months. Northwestern will send reference forms to these people. References from chiropractors, science instructors, and other health care professionals are preferred provided they know you well. Relatives are not accepted as references.

1. \_\_\_\_\_  
Name Occupation  
\_\_\_\_\_  
Business Address  
\_\_\_\_\_  
City State Zip  
(\_\_\_\_\_) \_\_\_\_\_  
Business Telephone

2. \_\_\_\_\_  
Name Occupation  
\_\_\_\_\_  
Business Address  
\_\_\_\_\_  
City State Zip  
(\_\_\_\_\_) \_\_\_\_\_  
Business Telephone

3. \_\_\_\_\_  
Name Occupation  
\_\_\_\_\_  
Business Address  
\_\_\_\_\_  
City State Zip  
(\_\_\_\_\_) \_\_\_\_\_  
Business Telephone

## EDUCATIONAL BACKGROUND

List any honors, awards or special recognition you have received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been denied admission or re-admission to any chiropractic college? Yes \_\_\_ No \_\_\_

If yes, please explain (specifying dates and colleges): \_\_\_\_\_  
\_\_\_\_\_

Were you ever dismissed and/or denied re-admission to any college (including chiropractic) because of deficiencies in either conduct or scholarship?

Yes \_\_\_ No \_\_\_

If yes, please explain (specifying dates and colleges): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any professional licenses or certificates you have received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TRANSCRIPTS

Please have all colleges send official transcripts directly to the Admissions Office of Northwestern College of Chiropractic. Please do not send transcripts with this application. If you do, your transcripts will not be considered official.

1. High School \_\_\_\_\_

Grad Date: \_\_\_\_\_

Location: \_\_\_\_\_

2. College: \_\_\_\_\_

Location: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Major: \_\_\_\_\_

3. College: \_\_\_\_\_

Location: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Major: \_\_\_\_\_

4. College: \_\_\_\_\_

Location: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Major: \_\_\_\_\_

5. College: \_\_\_\_\_

Location: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Major: \_\_\_\_\_

6. College: \_\_\_\_\_

Location: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Major: \_\_\_\_\_

7. College: \_\_\_\_\_

Location: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Major: \_\_\_\_\_

Office use only: WES - Date _____ English - Date _____ Financial - Date _____
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### DIRECTIONS FOR ESSAY REQUIREMENT

Write an essay, containing a minimum of 400-600 words, divided into the following parts:

Part I: Discuss (a.) your background, (b.) your personal goals, (c.) your reason for choosing the chiropractic profession, (d.) your direct experience with chiropractic, and (e.) your reasons for choosing Northwestern College of Chiropractic.

Part II: Describe a major personal accomplishment and your reasons for that selection.

Please type or print your essay neatly on separate paper and include any other information pertaining to your application that you want considered by the Admissions Committee.

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I certify that the information given on this application is true and complete.  
I understand that false information will invalidate my application and make me subject to dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*(This university does not discriminate in admission practices on the basis of race, sex, color, religion, age, marital status, national or ethnic origin.)*