



NORTHWESTERN
HEALTH SCIENCES
UNIVERSITY

COLLEGE OF ARTS AND
SCIENCES

Program in Massage Therapy Application For Admission

A complete application must include:

- a. The \$50 application fee.
- b. The application form filled out completely.
- c. The two-page essay specified on the back of this application.
- d. Any other written explanations called for by specific questions.
- e. Authorization to conduct a background check (separate form enclosed)

Office of Admissions
2501 West 84th St.
Minneapolis, MN 55431
(952) 885-5409
(800) 888-4777, ext. 409

GENERAL INFORMATION

Date: _____

Day (fall, winter, summer terms)

Term Entering: September _____ January _____ May _____
Year Year Year

Evening/Weekend (winter term only)

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

Applicant's Full Legal Name: (Mr.) _____
(Ms.) _____
Last First Middle

Previous Name(s) (if applicable) _____

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

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	Interview	TD paid	IMM	I20	HH	BC

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

1. Country of birth _____

2. Country of citizenship _____

3. 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
Speaking			
Reading			
Writing			

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's program in Massage Therapy, 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 the program in Massage Therapy or other Northwestern programs? If so, please list below.

Name

Name

Address

Address

City, State, Zip

City, State, Zip

() _____
Telephone Number

() _____
Telephone Number

REFERENCES

Two references are required. They must be from persons who can attest to your professional and/or academic skills. They should preferably be, for example, instructors, employment supervisors, colleagues, or other health care professionals, not personal friends or family members. List below the two individuals to be contacted by Northwestern who will be providing these references.

1. _____
Name Occupation

Business Address Business Phone

City State Zip

2. _____
Name Occupation

Business Address Business Phone

City State Zip

EDUCATIONAL BACKGROUND

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

Have you ever been denied admission or re-admission to any school, college or university?

Yes ___ No ___

If yes, please explain (specifying dates and schools): _____

Were you ever dismissed and/or denied re-admission to any college or school (including programs in massage therapy) 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:

Have you ever had any professional licenses or certificates revoked?

Yes ___ No ___

If yes, please explain: _____

TRANSCRIPTS

Please list high school and all colleges and universities you have attended and have those academic institutions send official transcripts directly to Northwestern's Admissions Office. Please do not send transcripts with this application. If you do, your transcripts will not be considered official.

1. High School: _____

Location: _____ Graduation: _____
(month) (year)

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: _____

Office use only: WES - Date _____ English - Date _____ Financial - Date _____

ESSAY

On a separate sheet write a two-page summary of your interests and goals, including:

- Why you are interested in massage therapy studies.
- How much background reading you have done about massage therapy. Have you had personal experience with massage therapy.
- Any previous involvement in health or human services.
- What pleased you and displeased you about previous occupations and fields of study.
- Why you feel you will be a good health care practitioner.
- How you will deal with the program's time demands and financial obligations and their impact on your work and personal life.

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, sexual preference, color, religion, age, marital status, national or ethnic origin.)