



Northwestern Health Sciences University
Pre-Professional Studies Program
Class Registration Form
Fall 2008

ID#: _____	Stage: PS
Name: _____	
Address: _____ _____	Emergency Phone #: _____
	Email address _____
Home Phone #: _____	<i>Do you intend to take out financial aid to pay for your tuition and fees? YES NO</i>
Cell Phone#: _____	
Work Phone #: _____	
May the address and telephone information on this form be published in the student directory? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Please place an X by the course(s) for which you will be registering

Course	Course Title	Credits	Contact Hours
___ CHEM 2160	General Chemistry I	4.0	60
___ CHEM 2161	General Chemistry II	4.0	60
___ CHEM 2058	Organic Chemistry Essentials I	4.0	60
___ CHEM 2059	Organic Chemistry Essentials II	4.0	60
___ PHYS 2040	Fundamentals of Physics I	4.0	60
___ PHYS 2050	Biomechanics	3.0	45
___ PSBS 1211	Human Anatomy & Physiology 1	4.5	75
___ PSBS 1212	Human Anatomy & Physiology 2	2.5	45

Student Signature _____ **Date** _____

Registration for classes at Northwestern implies that a student accepts the rules and regulations established by the University. Your signature also releases your transcript to NWHSU Admissions Office.

Please return the registration form as soon as possible, as class size is limited, to the Office of Admissions at Northwestern Health Sciences University.

1. SSN#: _____	2. Gender ___Female ___Male	3. Marital Status ___Married ___Single
4. Date of Birth _____ MONTH DAY YEAR		
5. RACE: <u>check all that apply</u>		
___ AMERICAN INDIAN OR ALASKA NATIVE (North, Central and South America origin)		
___ ASIAN (Far East, Southwest, Indian subcontinent)		
___ BLACK OR AFRICAN AMERICAN		
___ NATIVE HAWAIIAN OR PACIFIC ISLANDER		
___ HISPANIC OR LATINO		
___ NON-RESIDENT ALIEN (All foreign students)		
___ WHITE		
6. State/Province and Country of Legal Resident: _____		