



NORTHWESTERN  
HEALTH SCIENCES  
UNIVERSITY

# Undergraduate Studies Program Application For Admission

**A complete application must include:**

- a. The \$50 application fee (non-refundable);
- b. The application form filled out completely;
- c. The Immunization Record filled out completely (separate form enclosed); and
- d. Official high school transcript or GED transcript.

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

**Please mail application to the Office of Admissions.**

## GENERAL INFORMATION

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

Term Entering: September \_\_\_\_\_ Year      January \_\_\_\_\_ Year      May \_\_\_\_\_ Year

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Month / Day / Year

Applicant's Full Legal Name: \_\_\_\_\_  
(Mr.)  
(Ms.)  
 Circle one      Last      First      Middle

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

Current Mailing Address: \_\_\_\_\_  
 Street      Apt #  
 City      State      Zip  
 ( ) ( )  
 Telephone Home      Cell  
 E-mail

Permanent Mailing Address: \_\_\_\_\_  
 Street  
 City      State      Zip  
 ( ) ( )  
 Telephone Home      Cell

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

Do you plan to pursue enrollment in any of the following programs at Northwestern Health Sciences University?

- Northwestern College of Chiropractic
- Minnesota College of Acupuncture and Oriental Medicine
- School of Massage Therapy
- Undecided
- Other: \_\_\_\_\_

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
<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: \_\_\_\_\_  
\_\_\_\_\_

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): \_\_\_\_\_  
\_\_\_\_\_

**SCHOOLS ATTENDED/TRANSCRIPTS**

Please list all high schools, colleges and universities you have attended. Official transcripts must be sent from the high schools directly to the Office of Admissions at Northwestern Health Sciences University. Please do not send transcripts with this application. If you do, your transcript will not be considered official.

1. High School or GED Equivalent: \_\_\_\_\_  
Location: \_\_\_\_\_ Graduation: \_\_\_\_\_  
(month) (year)
2. College: \_\_\_\_\_  
Location: \_\_\_\_\_ Dates attended: \_\_\_\_\_
3. College: \_\_\_\_\_  
Location: \_\_\_\_\_ Dates attended: \_\_\_\_\_

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 \_\_\_\_\_

**NONDISCRIMINATION POLICY**

*It is the policy of the Board of Trustees that Northwestern Health Sciences does not unlawfully discriminate on the basis of race, color, religion, creed, national or ethnic origin, age, gender, marital status, sexual orientation, gender identity, disability, genetic information, veteran status, or status with regard to public assistance in administration of and access to the University's educational, research and clinical programs, student organizations and events, employment and other University-administered activities.*