



[Next](#)

Please Note: The contact information at the time you submit your application will be the information associated with your application. If you need to make changes after submitting an application, please reach out to admissions at admit@nwhealth.edu or 952-885-5409.

Personal Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Middle Name	<input type="text"/> <small>If you do not have a middle name, please enter, "no legal middle name"</small>	Previous Last Names	<input type="text"/>
Birthdate	<input type="text"/>	Social Security Number	<input type="text"/> <small>(### ## ####) If you are a Canadian student with a Social Insurance Number (SIN) or an international student who does not have a Social Security Number (SSN), please enter "000-00-0000"</small>
Gender	<input type="text" value="--None--"/>		

[Next](#)

[Back](#) [Next](#)

Mailing Address

Street	<input type="text"/>	City	<input type="text"/>
State	<input type="text" value="--None--"/>	Postal Code	<input type="text"/>
Country	<input type="text" value="--None--"/>		

Contact Information

Phone 1 Type	<input type="text" value="--None--"/>	Phone 1 Number	<input type="text"/>
Phone 2 Type	<input type="text" value="--None--"/>	Phone 2 Number	<input type="text"/>
Email	<input type="text"/>		

Permanent Address if different than mailing address

My permanent address is the same as my mailing address

Street	<input type="text"/>	City	<input type="text"/>
State	<input type="text" value="--None--"/>	Country	<input type="text" value="--None--"/>
Postal Code	<input type="text"/>		

Emergency Contact Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Email Address	<input type="text"/>	Home Phone	<input type="text"/>
Mobile Phone	<input type="text"/>	Business Phone	<input type="text"/>

[Back](#) [Next](#)

Back Next

Military Experience

Have you served, or are you now serving, on active US military duty? If yes, which branch?

Are you the spouse of a person who has served, or who is now serving, on active US military duty? Are you the dependent of a person who has served, or who is now serving, on active US military duty?

Are you a member of the Reserve or National Guard forces? Are you the spouse of a person who has served, or who is now serving, as a member of the Reserve or National Guard forces?

Are you the dependent of a person who has served, or who is now serving, as a member of the Reserve or National Guard forces?

Have you ever been separated from any branch of the US armed forces under less than honorable conditions? If yes, please explain

Back Next

Back Save Next

Residency Information

Are you a US Citizen?

Back Save Next

Home Personal Information My Applications

Term Entering

Post-Baccalaureate Pre-Health applicants: Below, please set Program of Interest to College of Undergraduate Health Sciences and set Secondary Interest to Post-Baccalaureate Pre-Health Program to ensure efficient processing of your application.

Program of Interest

Secondary Interest

Back Save Next

School of Massage Therapy: Certificate in Massage Therapy Back Save Next

When do you anticipate taking the majority of your course work?

Schedules available for new students:
 May and September: Evening
 January and September: Day

(The September term start is the only one during which new Massage Therapy students may begin in the day or the evening.)

Back Save Next

Referred by

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

First Name	<input type="text"/>	Last Name	<input type="text"/>
Occupation	<input type="text"/>	Place of work	<input type="text"/>
Street	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
Country	--None--		
Please check if the person who referred you is a current student at NWHSU	<input type="checkbox"/>	Please check if the person who referred you is a NWHSU alumni	<input type="checkbox"/>

Refer a Friend

[Add Referral](#) [Delete Referral](#)

[Back](#) [Save](#) [Next](#)

[Back](#) [Save](#) [Next](#)

Northwestern Health Sciences University is pleased to offer Legacy Scholarships to qualified applicants enrolling in our chiropractic, acupuncture and Chinese medicine, and massage programs. If a parent, grandparent, sibling, or child completed their chiropractic, acupuncture and Chinese medicine, or massage program at and graduated from Northwestern Health Sciences University, please tell us their name, relationship to you, program completed, and year of graduation. Please do not report alumni connections other than a parent, grandparent, sibling, or child. *If you have more than one NWHSU alumnus or alumna in your family, please enter just one here.*

If you aren't sure of some information, please enter what you know.

Name of family member	<input type="text"/>	Relationship to you	--None--
Family member's program of study completed	--None--	Family member's graduation year	<input type="text"/>

[Back](#) [Save](#) [Next](#)

[Back](#) [Save](#) [Next](#)

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

Have you ever had any professional licenses or certificates revoked?

--None--

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

--None--

Have you ever been charged and/or convicted of a felony?

--None--

Please note: A criminal background check is required for all applicants to the School of Massage Therapy. Your application cannot be processed without your authorization below.

Required Background Check: I hereby authorize and request any police department, state or federal court, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding my criminal record in conjunction with an application for admission into the School of Massage Therapy at Northwestern Health Sciences University. I agree that my initials after this statement and electronic signature upon submission of this application will be accepted with the same authority as the original, and I specifically waive any written authorization request.

By initialing and signing the electronic application, I consent to the release of investigative reports in conjunction with my application for admission into the School of Massage Therapy at Northwestern Health Sciences University.

Initial:

[Back](#) [Save](#) [Next](#)

Please list the high school you attended or the GED program you completed. Request official transcripts from this school or program to be mailed directly to Northwestern Health Sciences University, Office of Admissions, 2501 West 84th St., Bloomington, MN 55431. Faxed transcripts and transcripts sent by the student are NOT considered official.

High School

Did you receive a high school diploma or GED?: --None--

High school graduated from:

High School/GED program
not found

Please list all post secondary schools you have attended. Request official transcripts from all of these schools to be mailed directly to Northwestern Health Sciences University, Office of Admissions, 2501 West 84th St., Bloomington, MN 55431. Faxed transcripts and transcripts sent by the student are NOT considered official.

College or University

College Name

School Not Found

Location

Beginning Term --None--

Beginning Year --None--

Ending Term --None--

Ending Year --None--

Major

Degree --None--

Other Degree Type

Academic Partnership Participation

Are you applying as part of a partnership (3+3, 2+2, preferred admittance) between a school --None-- and Northwestern Health Sciences University? You can verify our academic partners [here](#).

Providing the information below is voluntary and will not be used in a discriminatory manner.

What is your race? Available Chosen

American Indian or Alaska Native
Asian

What is your ethnicity? --None--

Please write a two-page summary of your interests and goals, addressing the following questions.

- a. Why are you interested in massage therapy?
- b. How much background reading have you done about massage therapy?
- c. Have you had personal experience with massage therapy?
- d. Do you have any previous involvement in health or human services?
- e. In your previous occupations and studies, what have you found to be most rewarding and most challenging?
- f. Please explain why you feel you will be a good health care practitioner.
- g. How will you balance your work and personal life with the program's time and financial obligations?

▼ Admission Document (may be uploaded at a later date if necessary)

Document Name	Essay	Document Status	Required
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Please verify that your file has uploaded after clicking the Upload button by confirming that Document Status has changed to "Ready For Approval."

No file selected.

▼ Admission Document (Please upload a copy of your current curriculum vitae or resume)

Document Name	Resume	Document Status	Required
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Please verify that your file has uploaded after clicking the Upload button by confirming that Document Status has changed to "Ready For Approval."

No file selected.

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

Application Fee Payment

Please pay your application fee. The amount is \$50.

Once submitted, your application will be locked from further editing and reviewed by the Office of Admissions. Thank you for applying.

I agree to pay the payment
as described.

Credit Card:

Credit card number:

Credit card CVV code:

Expiration Month:

Expiration Year:

Cardholder first name:

Cardholder last name:

Cardholder email:

Transaction Status:



