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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 Last Name

Middle Name Previous Last Names
If you do not have a middle name, please enter, "no legal middle name"

Birthdate Social Security Number
(### ## ####) 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"

Gender

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Mailing Address

Street City

State Postal Code

Country

Contact Information

Phone 1 Type Phone 1 Number

Phone 2 Type Phone 2 Number

Email

Permanent Address if different than mailing address

My permanent address is
the same as my mailing
address

Street City

State Country

Postal Code

Emergency Contact Information

First Name Last Name

Email Address Home Phone

Mobile Phone Business Phone

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▼ Military Experience

Have you served, or are you now serving, on active US military duty?

--None--

If yes, which branch?

--None--

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

--None--

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

--None--

Are you a member of the Reserve or National Guard forces?

--None--

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?

--None--

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?

--None--

Have you ever been separated from any branch of the US armed forces under less than honorable conditions?

--None--

If yes, please explain

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▼ Residency Information

Are you a US Citizen?

--None--

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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

--None--

Secondary Interest

--None--

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Non-Degree: Non-Degree

High School

Did you receive a high school diploma or GED?:

High school graduated from:

High School/GED program not found

Other Information

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

List any professional licenses or certificates you have received:

Have you ever had any professional licenses or certificates revoked?

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

Were you previously enrolled at NWHSU?

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

Non-Degree

Please indicate the courses you are interested in taking. Please be advised this does not guarantee acceptance or registration in any course

Use the buttons below to add or remove courses. Click the 'Save' button before moving on to save your entries.

Non-Degree

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.

Colleges or Universities Attended

Have you attended college before?

Use the buttons below to add or remove colleges you have attended. Please click the "Save" button before moving on to save your entries.

Academic Partnership Participation

Are you applying as part of a partnership (3+3, 2+2, preferred admittance) between a school and Northwestern Health Sciences University? You can verify our academic partners [here](#).

College or University

College Name

School Not Found

Location

Beginning Year

Ending Year

Degree

Beginning Term

Ending Term

Major

Other Degree Type

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:



Submit