



Home | Personal Information | My Applications

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](mailto:admit@nwhealth.edu) or 952-885-5409.

▼ Personal Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Middle Name	<input type="text"/>	Previous Last Names	<input type="text"/>
If you do not have a middle name, please enter, "no legal middle name"			
Birthdate	<input type="text"/>	Social Security Number	<input type="text"/>
(### ## ####) 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	--None--		

Next

Home | Personal Information | My Applications

Back Next

▼ Mailing Address

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

▼ Contact Information

Phone 1 Type	--None--	Phone 1 Number	<input type="text"/>
Phone 2 Type	--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	--None--	Country	--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? --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

Back Next

Back Save Next

**Residency Information**

Are you a US Citizen? --None--

Back Save Next

Home Personal Information My Applications

Term Entering --None--

**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--

Back Save Next

Back Save Next

**Nutrition: Master of Health Science in Applied Clinical Nutrition**

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--

Back Save Next

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 Term

Beginning Year

Ending Term

Ending Year

Major

Degree

Other Degree Type

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

What is your race?   *Chosen*  
 American Indian or Alaska Native  
 Asian

What is your ethnicity?

Neither of the Graduate Certificates in Applied Clinical Nutrition nor the Master of Health Sciences in Applied Clinical Nutrition awards licensure or certification as a dietitian and/or nutritionist. Contact your state as to the academic and professional requirements necessary for that type of licensure or certification. In addition, these academic programs do not provide any supervised practice hours to meet the requirements for a dietetic internship or other licensure or certification.

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: --None--

Credit card number:

Credit card CVV code:

Expiration Month: --none--

Expiration Year: --none--

Cardholder first name:

Cardholder last name:

Cardholder email:

Transaction Status:



Submit

