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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	<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--"/>		

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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"/>

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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 --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--

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College of Undergraduate Health Sciences: Bachelor of Science Degree Completion

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? --None--

Were you ever dismissed and/or denied re-admission to any college because of deficiencies in either conduct or scholarship? --None--

Were you previously enrolled at NWHSU? --None--

Have you ever been charged and/or convicted of a felony? --None--

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College of Undergraduate Health Sciences: Bachelor of Science Degree Completion 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 Last Name

Occupation Place of work

Street City

State Zip

Country

Please check if the person Please check if the person
 who referred you is a who referred you is a
 current student at NWHSU NWHSU alumni

Refer a Friend

Use the buttons below to add or remove individuals you would like to refer. Click the "Save" button before moving on to save your entries

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College of Undergraduate Health Sciences: Bachelor of Science Degree Completion Back Save Next

Please list the high school you attended or the GED program you completed.

High School

Did you receive a high
 school diploma or GED?:

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.

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](#).

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College or University

College Name

School Not Found

Location

Beginning Year

Ending Year

Degree

Beginning Term

Ending Term

Major

Other Degree Type

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

What is your race? **Available** American Indian or Alaska Native Asian **Chosen** What is your ethnicity? --None--

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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:

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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

