



NORTHWESTERN
HEALTH SCIENCES
UNIVERSITY

Chiropractic

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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"/>	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	<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"/>		

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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? 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

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Residency Information

Are you a US Citizen?

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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

Secondary Interest

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College of Chiropractic: College of Chiropractic

Are you interested in pursuing a Bachelor of Science degree in Human Biology concurrently with the Doctor of Chiropractic degree program ?

If you select yes, your undergraduate coursework will be evaluated for transfer to the [BS Completion Program](#). Also, we will start an application for the BS Completion Program for you. **Although you may decide later whether to submit that application to be reviewed for admission, you will receive communication from us about its status.**

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 who referred you is a current student at NWHSU

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

Refer a Friend

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

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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 Relationship to you

Family member's program of study completed Family member's graduation year

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If you are applying as a transfer student from another chiropractic program, at least two of your three references entered below must be faculty from that institution.

List three individuals, whom you have known for at least six months, who will provide a reference for you. References can be instructors, employment supervisors, healthcare professionals or colleagues, for example. References cannot be relatives. These individuals will receive a Character Reference Form from the Office of Admissions. Reference replies are confidential between sender and institution.

Reference 1

Salutation First Name

Last Name Occupation

Relationship to you Email

Street City

State Zip

Country

The purpose of this recommendation is to assist us in making our admission decision and, if the applicant is admitted and enrolls, to be available as an aid in advising and counseling. Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right, if you enroll at Northwestern Health Sciences University, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. A waiver of your rights under the Act is not a required condition for admission or receipt of financial aid. Please indicate below whether you wish to voluntarily waive this right by checking the appropriate box and signing your name.

▼ Reference 2

Salutation	<input type="text"/>	First Name	<input type="text"/>
Last Name	<input type="text"/>	Occupation	<input type="text"/>
Relationship to you	<input type="text"/>	Email	<input type="text"/>
Street	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
Country	<input type="text"/>		

The purpose of this recommendation is to assist us in making our admission decision and, if the applicant is admitted and enrolls, to be available as an aid in advising and counseling. Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right, if you enroll at Northwestern Health Sciences University, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. A waiver of your rights under the Act is not a required condition for admission or receipt of financial aid. Please indicate below whether you wish to voluntarily waive this right by checking the appropriate box and signing your name.

--None--

▼ Reference 3

Salutation	<input type="text"/>	First Name	<input type="text"/>
Last Name	<input type="text"/>	Occupation	<input type="text"/>
Relationship to you	<input type="text"/>	Email	<input type="text"/>
Street	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
Country	<input type="text"/>		

The purpose of this recommendation is to assist us in making our admission decision and, if the applicant is admitted and enrolls, to be available as an aid in advising and counseling. Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right, if you enroll at Northwestern Health Sciences University, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. A waiver of your rights under the Act is not a required condition for admission or receipt of financial aid. Please indicate below whether you wish to voluntarily waive this right by checking the appropriate box and signing your name.

--None--

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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?

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

Please note: A criminal background check is required for all applicants to the Chiropractic program at Northwestern Health Sciences University. 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 to 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 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 to Northwestern Health Sciences University.

Initial:

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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

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

[Add a College](#)

College or University

College Name

School Not Found

Location

Beginning Term

Beginning Year

Ending Term

Ending Year

Major

Degree

Other Degree Type

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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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?

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Please submit a two-page, double-spaced essay divided into the following parts:

Part I: Discuss (a) your background, (b) your personal goals, (c) your reasons for choosing the chiropractic profession, (d) your direct experience with chiropractic, and (e) your reasons for choosing the College of Chiropractic at Northwestern Health Sciences University.

Part II: Describe a major personal accomplishment and your reasons for that selection.

▼ 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.

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Your application fee has been waived. To submit your application please enter your signature below and press the Submit button. Once submitted, your application will be locked from further editing and reviewed by the Office of Admissions. Thank you for applying.

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:




