



## Massage Therapy

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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](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	<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

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 --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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Therapy

When do you anticipate --None--

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.)

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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 --None--

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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(1) 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 NWSU 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

(2) Northwestern Health Sciences University offers a Merit scholarship for qualifying students in the chiropractic, acupuncture and Chinese medicine, and massage programs. If you feel your admissions GPA will qualify, please check the box below. Your GPA will be reviewed by the office of admissions. Please reach out to your Admissions Representative with any questions.

Merit

(3) If you are an International Student from a country other than Canada, please check the box below. If you are an International Student from Canada, please reach out to your admissions representative to learn about our Canada Tuition Currency Exchange Program.

International

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List any honors, awards or special recognition 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, or convicted of a misdemeanor of a violent or sexual nature?

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.

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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:

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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?:

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.

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**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

What is your ethnicity?

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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.

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: --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