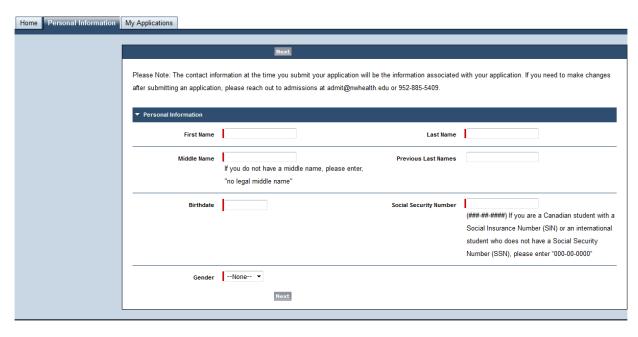
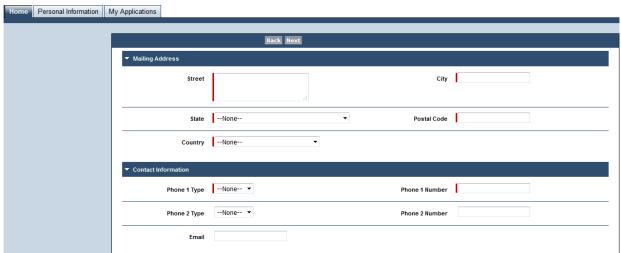
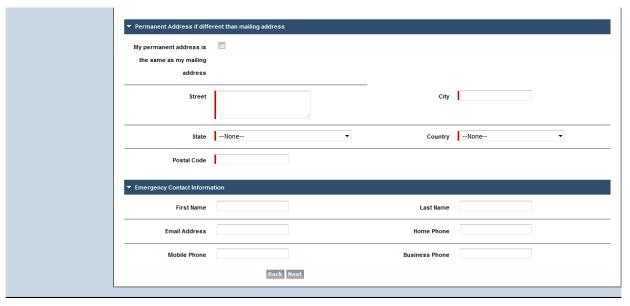


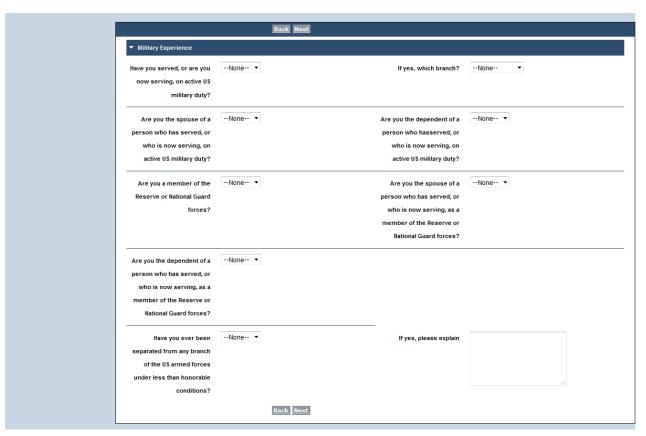
Medical Laboratory Science



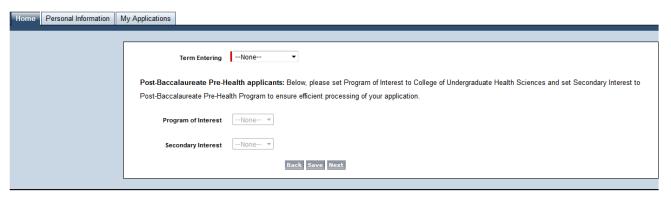


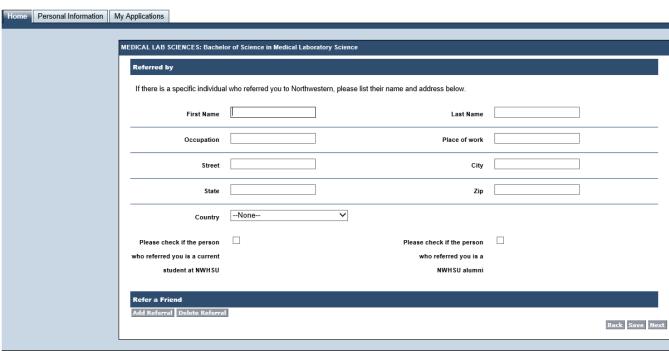


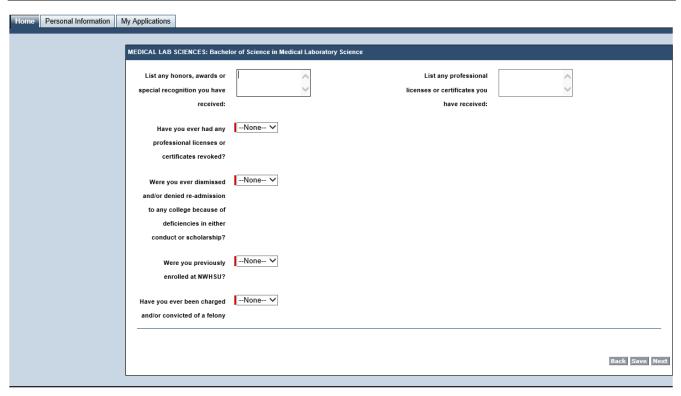
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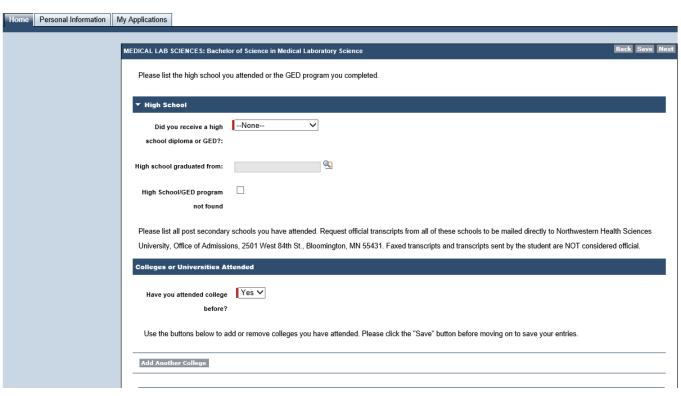


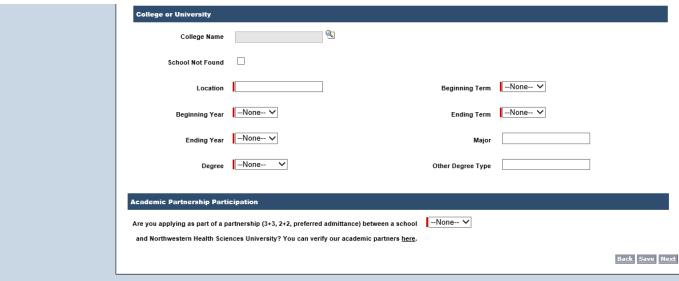
Required Background Check: I hearby authorize and request any police department, state or federal court, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding my criminal record in conjunction with an application 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:

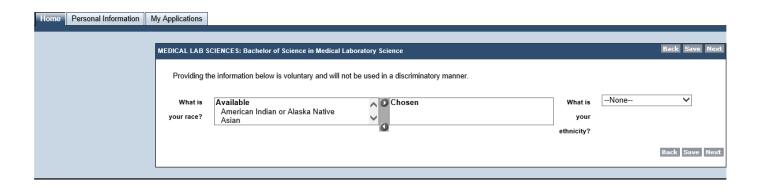
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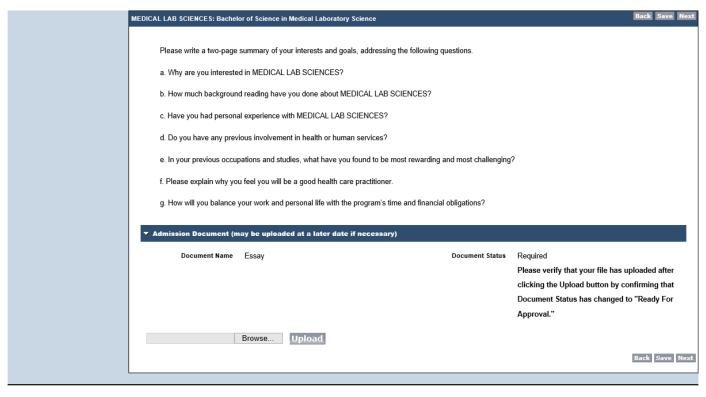




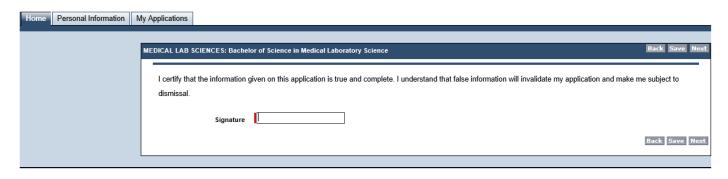












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		Application Fee	Payment	
		Please pay your	Please pay your application fee. The amount is \$50.	
		Once submitted,	Once submitted, your application will be locked from further editing and reviewed by the Office of Admissions. Thank you for applying.	
		I agree to pay th	ne payment \square	
		as	described.	
		C	Credit Card -None V	
		Credit car	rd number:	
		Credit card	CVV code:	
		Expirati	tion Month: -none- V	
		Expira	ation Year: -none V	
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		Cardholder	last name:	
		Cardho	older email:	
		Transacti	ion Status:	
			Submit	