



Nutrition

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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 Last Name

Middle Name Previous Last Names
If you do not have a middle name, please enter, "no legal middle name"

Birthdate Social Security Number
(### ## ####) 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

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Mailing Address

Street City

State Postal Code

Country

Contact Information

Phone 1 Type Phone 1 Number

Phone 2 Type Phone 2 Number

Email

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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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

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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

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

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

What is your race? American Indian or Alaska Native Asian

What is your ethnicity?

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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

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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

Credit card number:

Credit card CVV code:

Expiration Month:

Expiration Year:

Cardholder first name:

Cardholder last name:

Cardholder email:

Transaction Status:



Submit

