



Radiation 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 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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Term Entering September 2019

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.

Massage Therapy applicants: Our Chinese Medical Massage Certificate program is designed for Massage Therapists with a Certification in Therapeutic Massage or an Associate of Applied Science in Massage therapy.

Program of Interest Associate of Science in Radiation Therapy

Secondary Interest Associate of Science in Radiation Therapy

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Associate of Science in Radiation Therapy: Associate of Science in Radiation Therapy

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 NWSU

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

Refer a Friend

Add Referral Delete Referral

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Associate of Science in Radiation Therapy: Associate of Science in Radiation Therapy

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?

Were you previously enrolled at NWHSU?

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

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

High School

Did you receive a high school diploma or GED?: --None--

High school graduated from: [text input]

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? --None--

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.

College or University

College Name [text input]

School Not Found

Location [text input]

Beginning Term --None--

Beginning Year --None--

Ending Term --None--

Ending Year --None--

Major [text input]

Degree --None--

Other Degree Type [text input]

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.

▼ Reference 1

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 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"/>		

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--None--

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

What is your race?

Available	Chosen
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 Associate of Science in Radiation Therapy?
- b. How much background reading have you done about Associate of Science in Radiation Therapy?
- c. Have you had personal experience with Associate of Science in Radiation 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

Please verify that your file has uploaded after clicking the Upload button by confirming that Document Status has changed to "Ready For Approval."

Browse...

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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