NORTHWESTERN HEALTH SCIENCES UNIVERSITY

Medical Assisting Application

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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 --None-- ▼	

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▼ Mailing Address

Street	**City**
State --None-- ▼	**Postal Code**
Country --None-- ▼	

▼ Contact Information

Phone 1 Type --None-- ▼	**Phone 1 Number**
Phone 2 Type --None-- ▼	**Phone 2 Number**
Email	

▼ Permanent Address if different than mailing address

My permanent address is the same as my mailing address ☐

Street	**City**
State --None-- ▼	**Country** --None-- ▼
Postal Code	

▼ Emergency Contact Information

First Name	**Last Name**
Email Address	**Home Phone**
Mobile Phone	**Business Phone**

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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.

NWHSU Radiation Therapy and Radiologic Technology programs have limited enrollment and some start terms may have a waitlist. If the waitlist has reached its limit, you **will not** see your program listed under your desired start term. Please reach out to your admissions counselor at 952-885-5409 with any questions.

Program of Interest [--None--]

Secondary Interest [--None--]

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Medical Assisting: Associate of Applied Science in Medical Assisting

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]

[Back] [Save] [Next]

Medical Assisting Application

Medical Assisting: Associate of Applied Science in Medical Assisting

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? No

Were you ever dismissed and/or denied re-admission to any college because of deficiencies in either conduct or scholarship? No

Were you previously enrolled at NWHSU? No

Have you ever been charged and/or convicted of a felony, or convicted of a misdemeanor of a violent or sexual nature? No

If you have been charged with or convicted of a felony, a criminal background check is required to process your application. Your application cannot be processed without your authorization below.

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 posession 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 I 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 Scinces University.

Initial:

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Medical Assisting Application

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

▼ High School

Did you receive a high school diploma or GED?: [High School Diploma ▼]

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 or emailed directly to Northwestern Health Sciences University, Office of Admissions, 2501 West 84th St., Bloomington, MN 55431. Transcripts sent by the student are NOT considered official.

Colleges or Universities Attended

Have you attended college before? [No ▼]

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 [No ▼]
and Northwestern Health Sciences University? You can verify our academic partners here.

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Please indicate your ethnicity and race. This information is not used to make admissions decisions but helps us to better understand our applicants and students.

Are you Hispanic or Latinx? [--None-- ▼]

Select one ore more of the following races:

Available		Chosen
American Indian or Alaska Native	▶	
Asian		

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Medical Assisting Application

Please write a two-page summary, divided into two parts:

Question 1: Background

Question 2: Personal goals

Question 3: Reason for choosing the Associate of Applied Science in Medical Assisting

Question 4: Reason for choosing Northwestern Health Sciences University

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

▼ **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."

Choose File No file chosen   **Upload**

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

NORTHWESTERN HEALTH SCIENCES UNIVERSITY

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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:	

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Click
VERIFIED MERCHANT

Submit