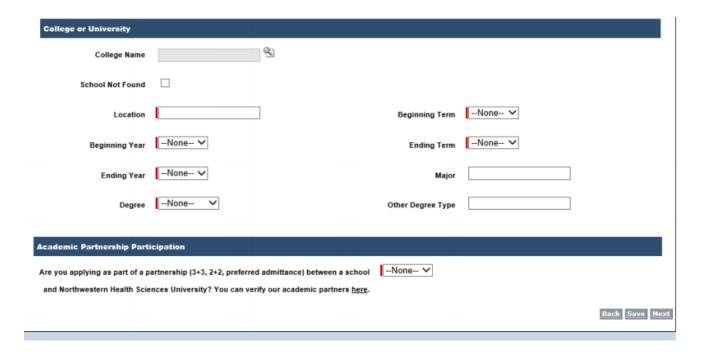




Required Background Check: I hearby authorize and request any police department, state or federal court, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding my criminal record in conjunction with an application 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: Back Save Next Back Save Ne MEDICAL LAB SCIENCES: Bachelor of Science in Medical Laboratory Science Please list the high school you attended or the GED program you completed. ▼ High School Did you receive a high -- None--~ 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 Yes ✓ 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. Add Another College







▼ Reference 1				
Salutation		First Name		
Last Name		Occupation]
Relationship to you		[mail]
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State		Zip]
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The purpose of this recomm	endation is to assist us in	making our admission decision and, if the applicant is		
		ng and counseling. Under the provisions of the Family		
		you have the right, if you enroll at Northwestern Health		
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