NORTHWESTERN HEALTH SCIENCES UNIVERSITY

Post-Baccalaureate Pre-Health Application

Home	Personal Information	My Applications

Next

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-- ▾		

Next

Home	Personal Information	My Applications

Back **Next**

▼ 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**	[ ]

Back **Next**

NORTHWESTERN HEALTH SCIENCES UNIVERSITY

Post-Baccalaureate Pre-Health Application

Back Next

▼ Military Experience

Have you served, or are you now serving, on active US military duty?	--None-- ▼	If yes, which branch? --None-- ▼

Are you the spouse of a person who has served, or who is now serving, on active US military duty?	--None-- ▼	Are you the dependent of a person who hasserved, or who is now serving, on active US military duty? --None-- ▼

Are you a member of the Reserve or National Guard forces?	--None-- ▼	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? --None-- ▼

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? --None-- ▼

Have you ever been separated from any branch of the US armed forces under less than honorable conditions? --None-- ▼

If yes, please explain [   ]

Back Next

Back Save Next

▼ Residency Information

Are you a US Citizen? --None-- ▼

Back Save Next

NORTHWESTERN HEALTH SCIENCES UNIVERSITY

Post-Baccalaureate Pre-Health Application

| Home | Personal Information | My Applications |

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-- ▼

Back Save Next

College of Undergraduate Health Sciences: Post-Baccalaureate Pre-Health Program

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? --None-- ▼

Were you ever dismissed and/or denied re-admission to any college because of deficiencies in either conduct or scholarship? --None-- ▼

Were you previously enrolled at NWHSU? --None-- ▼

Have you ever been charged and/or convicted of a felony --None-- ▼

Back Save Next

NORTHWESTERN HEALTH SCIENCES UNIVERSITY

Post-Baccalaureate Pre-Health Application

College of Undergraduate Health Sciences: Post-Baccalaureate Pre-Health Program   Back Save Next

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

Use the buttons below to add or remove individuals you would like to refer. Click the "Save" button before moving on to save your entries

Add Referral Delete Referral

Back Save Next

College of Undergraduate Health Sciences: Post-Baccalaureate Pre-Health Program   Back Save Next

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: [   ] 🔍

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

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

NORTHWESTERN HEALTH SCIENCES UNIVERSITY

Post-Baccalaureate Pre-Health Application

College or University

College Name		
School Not Found	☐	
Location		Beginning Term	--None-- ▾
Beginning Year	--None-- ▾	Ending Term	--None-- ▾
Ending Year	--None-- ▾	Major	
Degree	--None-- ▾	Other Degree Type	

Academic Partnership Participation

Are you applying as part of a partnership (3+3, 2+2, preferred admittance) between a school   --None-- ▾

and Northwestern Health Sciences University? You can verify our academic partners here.

Back Save Next

College of Undergraduate Health Sciences: Post-Baccalaureate Pre-Health Program

Back Save Next

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
American Indian or Alaska Native
Asian

Chosen

Back Save Next

College of Undergraduate Health Sciences: Post-Baccalaureate Pre-Health Program

Back Save Next

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:

Back Save Next

NORTHWESTERN HEALTH SCIENCES UNIVERSITY

Post-Baccalaureate Pre-Health Application

Home | Personal Information | My Applications

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:

Authorize.Net
VERIFIED MERCHANT
Click ►

Submit