

Radiologic Technology 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

Next

Home Personal Information My Applications

Back Next

▼ 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

Back Next

NORTHWESTERN  HEALTH SCIENCES
UNIVERSITY

Radiologic Technology 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 has served, 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

Radiologic Technology Application

[Home](#) | [Personal Information](#) | [My Applications](#)

Associate of Applied Science in Radiologic Technology: Associate of Applied Science in Radiologic Technology

Referred by

If there is a specific individual who referred you to Northwestern, please list their name and address below.

First Name <input type="text"/>	Last Name <input type="text"/>
Occupation <input type="text"/>	Place of work <input type="text"/>
Street <input type="text"/>	City <input type="text"/>
State <input type="text"/>	Zip <input type="text"/>
Country <input type="text" value="--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](#)

[Home](#) | [Personal Information](#) | [My Applications](#)

[Home](#) | [Personal Information](#) | [My Applications](#)

Associate of Applied Science in Radiologic Technology [Back](#) | [Save](#) | [Next](#)

List two individuals, whom you have known for at least six months, who will provide a reference for you. References can be instructors, employment supervisors, healthcare professionals or colleagues, for example. References cannot be relatives. These individuals will receive a Character Reference Form from the Office of Admissions. Reference replies are confidential between sender and institution.

▼ 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.

Radiologic Technology Application

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"/>	

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--

[Back](#) [Save](#) [Next](#)

Associate of Applied Science in Radiologic Technology: Associate of Applied Science in Radiologic Technology

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, or convicted of a misdemeanor of a violent or sexual nature? --None--

[Back](#) [Save](#) [Next](#)

Radiologic Technology Application

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 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 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 Sciences University.

Initial:

[Back](#) [Save](#) [Next](#)

[Home](#) | [Personal Information](#) | [My Applications](#)

[Home](#) [Personal Information](#) [My Applications](#)

Associate of Applied Science in Radiologic Technology: Associate of Applied Science in Radiologic Technology

[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?:

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?

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](#).

[Back](#) [Save](#) [Next](#)

Radiologic Technology Application

Home | Personal Information | My Applications

Associate of Applied Science in Radiologic Technology: Associate of Applied Science in Radiologic Technology 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 Select one or more of the following races:

Available	Chosen
American Indian or Alaska Native	
Asian	

Back Save Next

Home | Personal Information | My Applications

Associate of Applied Science in Radiologic Technology: Associate of Applied Science in Radiologic Technology Back Save Next

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 Radiologic Technology

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."

No file chosen

Back Save Next

[Home](#) | [Personal Information](#) | [My Applications](#)

Home | Personal Information | My Applications

Associate of Applied Science in Radiologic Technology: Associate of Applied Science in Radiologic Technology 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

Radiologic Technology Application

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