

## Radiation Therapy 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](mailto:admit@nwhealth.edu) or 952-885-5409.

▼ Personal Information

First Name

Last Name

Middle Name

If you do not have a middle name, please enter, "no legal middle name"

Previous Last Names

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

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▼ 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

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**▼ Military Experience**

Have you served, or are you now serving, on active US military duty?

If yes, which branch?

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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?

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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?

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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?

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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:

**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:

Secondary Interest:

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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 <input style="width: 90%;" type="text"/>	Last Name <input style="width: 90%;" type="text"/>
Occupation <input style="width: 90%;" type="text"/>	Place of work <input style="width: 90%;" type="text"/>
Street <input style="width: 90%;" type="text"/>	City <input style="width: 90%;" type="text"/>
State <input style="width: 90%;" type="text"/>	Zip <input style="width: 90%;" 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**

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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

First Name

Last Name

Occupation

Relationship to you

Email

Street

City

State

Zip

Country

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

First Name

Last Name

Occupation

Relationship to you

Email

Street

City

State

Zip

Country

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-- ▼

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NORTHWESTERN  HEALTH SCIENCES  
UNIVERSITY

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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, or convicted of a misdemeanor of a violent or sexual nature?

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:

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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:

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? --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.

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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](#). --None--

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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 or more of the following races:

<div style="border: 1px solid #ccc; padding: 2px;">Available</div> <div style="border: 1px solid #ccc; padding: 2px;">American Indian or Alaska Native</div> <div style="border: 1px solid #ccc; padding: 2px;">Asian</div>	<div style="border: 1px solid #ccc; padding: 2px;">Chosen</div>
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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 Science in Radiation Therapy

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

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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:

Credit card number:

Credit card CVV code:

Expiration Month:

Expiration Year:

Cardholder first name:

Cardholder last name:

Cardholder email:

Transaction Status:



Submit