

## Undergraduate Non-Degree 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](mailto: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

Undergraduate Non-Degree Application

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

**▼ 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

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

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

**▼ Residency Information**

Are you a US Citizen?

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

Undergraduate Non-Degree Application

Home Personal Information My Applications

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

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

College of Undergraduate Health Sciences: Non-Degree

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

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

## Undergraduate Non-Degree Application

College of Undergraduate Health Sciences: Non-Degree Back Save Next

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**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 <span style="border: 1px solid black; padding: 2px;">--None--</span>	

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

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**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: Non-Degree Back Save Next

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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.

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**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 --None-- and Northwestern Health Sciences University? You can verify our academic partners [here](#).

Back Save Next

Undergraduate Non-Degree Application

College of Undergraduate Health Sciences: Non-Degree 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:

Hispanic or Latinx?

Back Save Next

College of Undergraduate Health Sciences: Non-Degree 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

**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:

NORTHWESTERN  HEALTH SCIENCES  
UNIVERSITY

Undergraduate Non-Degree Application