



**National
University**
Of Health Sciences

200 EAST ROOSEVELT ROAD • LOMBARD, ILLINOIS • 60148

Applicant's Last Name

First Name

Social Security Number

APPLICATION FOR ADMISSION

BACHELOR OF BIOMEDICAL SCIENCE

PLEASE READ BEFORE COMPLETING THE APPLICATION FOR ADMISSION

- The application is to be typed or printed legibly in ink and completed in full.
- A non-refundable application fee of \$55 must accompany your application (check or money order).
- Official undergraduate college/university transcripts must be mailed directly to the Office of Admissions from the institution.
- If you have any questions please call the Office of Admissions at 1-800-826-6285.

MAILING INSTRUCTIONS

Please forward the completed application to the following address:

Office of Admissions
National University of Health Sciences
200 East Roosevelt Road
Lombard, Illinois 60148-4583

1-800-826-6285
www.nuhs.edu
admissions@nuhs.edu

GENERAL INFORMATION

Please indicate the date you plan to enter NUHS. January May September Year _____

Name First Middle Last (Maiden Name)

Social Security Number/Social Insurance Number Date of Birth

Present Address Street Apt. or Box #

City State / Province Zip / Postal Code Country

Permanent Address Street Apt. or Box #

City State / Province Zip / Postal Code Country

() ()

Day Phone Evening Phone

E-Mail Address Mobile Phone

How did you first hear about NUHS? _____

Are you interested in pursuing a first professional program at NUHS? Yes No

If yes, which program? _____

Are you a U.S. citizen? Yes No U.S. permanent resident? Yes No

If you are not a U.S. citizen, what is your immigration status? _____

Have you ever been convicted of a misdemeanor? *Yes No Have you ever been convicted of a felony? *Yes No

*If you answered yes to either of the questions above, please provide a brief explanation on a separate sheet of paper.

ACADEMIC INFORMATION

Please make sure official transcripts are mailed directly to the Office of Admissions from all colleges/universities attended.

College/University Attended

Location City State / Province Country Dates Attended

College/University _____

Location _____

City _____

State / Province _____

Country _____

Dates Attended _____

List any additional colleges/universities here _____

Degree(s) received or pending? (Please check all that apply.)

Associate

Bachelor

Master

Other _____

Major(s) _____

Date Received Degree _____

VOLUNTARY SURVEY (OPTIONAL)

You are not required to answer these questions as your responses are not used to determine your admission to NUHS. Responses are recorded for statistical purposes only.

Sex

Male

Female

Place of Birth _____

Marital Status

Single

Married

Divorced

Widowed

Number of Children _____

Do you consider yourself to be Hispanic or Latino? Yes No Prefer not to disclose

Select one or more categories to describe yourself: American Indian or Alaska Native Asian Black or African American

Native Hawaiian or other Pacific Islander White Prefer not to disclose

I, the undersigned, certify that the information contained in this application is true and correct.

Signature of Applicant _____ Date _____