



**National  
University**  
Of Health Sciences

200 EAST ROOSEVELT ROAD • LOMBARD, ILLINOIS • 60148

Applicant's Last Name

First Name

Social Security Number

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# APPLICATION FOR ADMISSION

## PREREQUISITE PROGRAM

### PLEASE READ BEFORE COMPLETING THE APPLICATION FOR ADMISSION

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- The application is to be typed or printed legibly in ink and completed in full.
- Official undergraduate college/university transcripts must be mailed directly to the Office of Admissions from the institution. If you intend to pursue a first professional program at NUHS and have already submitted your transcripts, no additional transcripts are required for the Prerequisite Program application.
- There is no application fee for the Prerequisite Program.
- If you have any questions please call the Office of Admissions at 1-800-826-6285.

### MAILING INSTRUCTIONS

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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

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**GENERAL INFORMATION**

Please indicate the date you plan to start the Prerequisite Program at 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? \_\_\_\_\_

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**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

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College/University

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Location                      City                                      State / Province                      Country                      Dates Attended

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College / University

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Location                      City                                      State / Province                      Country                      Dates Attended

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List any additional colleges/universities here

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

Associate       Bachelor       Master       Other \_\_\_\_\_

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Major(s)

Date Received Degree

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### **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 \_\_\_\_\_