Affirmative Action Plans

Admissions

Please read the following information before completing the application for admission.

1. The application is to be typed or printed legibly in ink and completed in full.
2. A non-refundable application fee of $55 must accompany your application (check or money order).
3. Official undergraduate college/university transcripts must be mailed directly to the Office of Admissions from the institution.
4. 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
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 ____________________________