

## **Admission Application**

## **Process**

- 1. Send all materials to: Northwest Suburban College, Admissions, 5999 S. New Wilke Road, #400 Rolling Meadows, IL 60008
- 2. You will be considered for admissions as soon as all of your credentials are received.

3. All documents submitted become property of Northwest Suburk	oan Colle	ge and will not	be rele	ased to any	third party.					
Checklist										
$\square$ Transcripts from all colleges in which you previously enrolled (if any) $\square$ Personal Per				ACT or SAT score (if available) Personal letter of interest (only for undergraduate applicants) Two letters of recommendation (only for undergraduate applicants)						
General Information										
Social Security Number (last 4 digits, if available)	_	Date of Birth (mm/dd/yyyy)			□ Male	)	□ Female			
Last Name	_	First Name			Middle					
Current Street Address		(	City			State		Zip		
Permanent Street Address (if different)		(	City			State		Zip		
Cell Phone Home	Home Phone E				Em	Email Address				
Program of Interest										
School of Basic Sciences	Scl	hool of Allied He	ealth Sci	ences						
<ul> <li>□ 5-Year Pre-Med/MD</li> <li>□ Undergraduate Program: Biology, Chemistry</li> <li>□ Physical Therapist Assistant</li> <li>□ ESL (English as Second Language)</li> <li>□ Other</li> </ul>		Dental Assistant  EKG Technician  Electronic Health Record Specialist  Medical Assistant			Billing and Coding Specialist Pharmacy Technician Phlebotomy Technician Other					
Citizenship Information										
Are you a U.S. Citizen? Yes No If No: U.S. Permanent	t Residen	t □ Yes	□ No	Country of	Citizenship					
Admission Information										
Starting Term	□ Su	ımmer (May)	Year		Intended Enrollm	ent Status 🛚	Full time	☐ Part time		
Education										
High School				Graduatio	on (mm/yyyy)		GED			

List All Colleges Attended	Dates Enrolled	Degree Conferred	Major	Minor	GPA
Have you ever enrolled at NSC? ☐ Yes	☐ No If yes, dates of er	nrollment			
Have you ever been suspended, placed on prob	pation, or dismissed from any	high school or college?   Yes	S □ No		
If yes, please explain on a separate sheet of you wish to provide.	paper. Include the date of oc	currence, summary of incident, h	ow you were held acc	ountable, and any ac	ditional information
How do you plan to pay fo	or your education	1?			
☐ Parent ☐ Self ☐ Loans and Gran	nts				
Are you currently employed? ☐ Part tir	ne 🗆 Full time	□ No			
If employed:					
Franksias	Address	Cit.		Ctata	7:
Employer	Address	City		State	Zip
Family Information/Conta	octs				
Full Name			Relatio	nship	
Phone Number		Email			
Street Address		City	State	Zip	
In case of an emergency, please list the pers	on you wish NSC to contact.				
Full Name			Relatio	nship	
Phone Number		Email			
Street Address		City	State	Zip	
Read carefully and sign					
I agree to comply with the guidelines and recreserves the right to cancel the registration of of my knowledge, true and correct. Failure to NSC to investigate any statement contained in accept registration as a student at NSC, subje	any student for unsatisfactor present accurate information n this application. I hereby re	ry conduct or for any other just can n in this document can lead to the	use. I affirm that all the denial of admission o	e information I have p or revoking of admissi	rovided is, to the best on. I hereby authorize
☐ I hereby acknowledge that I have read	and understand the terms of	this application.			
Signature of Applicant			Data		
Signature of Applicant			Date		