



NOVA SOUTHEASTERN UNIVERSITY
Enrollment Processing Services (EPS)
Attn: Bachelor of Health Science Program
3301 College Avenue
P.O. Box 299000
Fort Lauderdale, Florida 33329-9905
www.nova.edu/bhs

Health Professions Division Bachelor of Health Science Online Degree Completion Program Admissions Application

Thank you for your interest in the Bachelor of Health Science Online Degree Completion Program. The Bachelor of Health Science (B.H.Sc.) degree completion program is for candidates who are health professionals and would like to finish a degree in health science through distance learning.

Please read the following information and fill out the application form completely.

- A nonrefundable application fee of \$50 must accompany this application. Check or money order should be made payable to Nova Southeastern University. Please include your name and Social Security number on your check or money order.
- Remember to sign the application form.
- The Office of Admissions works on a rolling admissions basis. Applications are accepted year round. To ensure that your application receives prompt consideration, you should apply early. All final documentation must be received by the Office of Admissions no later than one month prior to registration.
- The committee on admissions will not consider an application until Nova Southeastern University has received all credentials, fees, and test scores. All data submitted in support of this application becomes the property of the university and cannot be returned.
- Mail the completed application form and fee to the Office of Admissions at the address below. All correspondence must be addressed and forwarded to the following address in its entirety.

Nova Southeastern University
Enrollment Processing Services (EPS)
Attn: Bachelor of Health Science Program
3301 College Avenue
P.O. Box 299000
Fort Lauderdale, Florida 33329-9905

TO COMPLETE YOUR APPLICATION, YOU MUST ARRANGE TO HAVE THE FOLLOWING DOCUMENTS SENT FROM THE INSTITUTION OR SERVICE ISSUING THEM.

- Official transcripts, certificate, and/or diploma from all previously attended undergraduate, professional, and graduate institutions
- Copy of national and professional certification by a recognized professional allied health or midlevel practitioner certifying body (if applicable)
- Two letters of evaluation from individuals other than relatives, such as a supervising physician (clinical), manager (nonclinical), or academic adviser. The evaluation form is supplied in the application package
- A student prepared learning portfolio requesting evaluation and educational experiences for credit (if applicable)

It is your responsibility to inform the university of any changes in address or telephone number.



NOVA SOUTHEASTERN UNIVERSITY
 Enrollment Processing Services (EPS)
 Attn: Bachelor of Health Science Program
 3301 College Avenue
 P.O. Box 299000
 Fort Lauderdale, Florida 33329-9905
 www.nova.edu/bhs



**Health Professions Division
 Bachelor of Health Science
 Online Degree Completion Program
 Admissions Application**

To complete the admission process, please submit a nonrefundable \$50 application fee and include your Social Security number on the check or call 800-541-6682, ext. 5200, with your credit card information. Also, please note, you will be charged a \$50 nonrefundable application fee for each application submitted to our institution. If you prefer to complete an online application, please visit our Web site at www.webstar.nova.edu and click on Admissions.

Please retain a copy of the application for your records.

Legal Name: Last First Middle

Maiden

Social Security Number

Do you have educational materials under another name, Social Security number, or ID? Yes No If yes, then please indicate _____

Preferred Mailing Address:

Number and Street City

County State Country ZIP Code

Telephone Cellular/Pager

Permanent/Legal Address:

Number and Street City

County State Country ZIP Code

Telephone Cellular/Pager

Business Address:

Name of Company

Number and Street City

County State Country ZIP Code

Telephone Cellular/Pager

Application Status at Time of Application:

Is this your first time applying to NSU? Yes No

If no, what programs have you applied to? _____

Will this be your first time attending NSU? Yes No

If no, what program(s) are/have you been enrolled in? _____

**How did you learn about NSU?
 Please check all that apply.**

- Friend/Colleague/Relative
- NSU Employee
- NSU Student or Graduate
- Direct Mail
- TV or Radio Commercial
- SREB Electronic Campus
- eArmyU
- Web Site (specify) _____
- Newspaper (specify) _____
- Information Meeting (where) _____
- Conference (specify) _____
- Magazine (specify) _____
- Other (specify) (e.g., adviser) _____

FOR NSU USE ONLY



The university is required to collect the following information to comply with federal reporting requirements of the U.S. Department of Education. The collected information will not be used in any discriminatory manner.

General Information:

Date of Birth (mm/dd/yy) _____

Sex: Male Female

Please indicate your citizenship status:

United States Citizen Resident Alien
 Nonresident Alien Student Visa

What is your country of citizenship? _____

If you are a nonresident alien, please indicate your Visa type. _____

Do you require an I-20? Yes No

Is English your native language? Yes No If "No", documentation of English literacy is required.

Military/Veterans' Information:

Are you a U.S. active-duty military service member? Yes No

Are you a spouse/dependent family member of a U.S. active-duty service member? Yes No

If "Yes" to either of the two questions above, what military branch of service is your affiliation? _____

What is the anticipated active-duty discharge date? _____

Are you a U.S. military veteran? Yes No

Ethnicities:

<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Thai	<input type="checkbox"/> Other Asian not listed	<input type="checkbox"/> Black or African American
<input type="checkbox"/> White (non-Hispanic)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Mexican
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> I decline to respond	<input type="checkbox"/> Other _____	

Applicant Email Address:

Email Address

Emergency Contact Information:

Name: Last First Relationship to You

Number and Street City

County State Country ZIP Code

Day Telephone Evening Telephone

Previous Education:

All official transcripts/documents are required from the applicant for ALL previously attended institutions for FULL admittance.*

High school/General Education Diploma (GED) documentation is required only for undergraduate applications.

SECTION A

Name of High School Graduation Month and Year

Number and Street City

County State Country ZIP Code

General Education Diploma (GED) awarded: _____
Month and Year State

SECTION B

List ALL academic institutions (in chronological order beginning with most recent) you have, are, or will attend prior to NSU matriculation. *Official transcripts/documents from all institutions attended are required for FULL admittance.

Name of Institution	City	State or Country	Major	Degree	Approx. # of Credits Earned	Start and End Date (or expected end)

Have you ever been required to leave any college or denied readmission because of conduct or academic deficiencies? Yes No

If yes, please explain.

Program Selection

Please check the appropriate program box and fill in the entering year.

<input type="checkbox"/> Degree Completion Program (Online) Applying for Term Start: <input type="checkbox"/> January <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> October Entering Year _____
<input type="checkbox"/> Nondegree-Seeking Student Applying for: <input type="checkbox"/> January <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> October Entering Year _____

List below the college courses now in progress or planned prior to enrollment. Be sure to include the term you plan to take these courses and the anticipated completion dates. If you make any changes in your planned courses, be certain to inform us. Use additional sheets of paper if necessary.

Dept. and Course #	Course Title	Name of College	Term Taken/To Be Taken

List ALL health care experience (attach additional sheet of paper if necessary).

What honors did you receive in college or health education programs (include honorary societies)?

Have you ever taken a distance education college or university course? Yes No
If yes, please list the date, course, institution, and delivery method(s).

List your extracurricular and community activities and the extent of your involvement (offices held, etc.).

Have you ever matriculated into or attended any undergraduate or graduate program that you did not complete?
 Yes No
If yes, list the name of the program/school, the dates attended, and explain your reasons for not completing the program.

Have you ever matriculated into or attended any other health-related professional school? Yes No
If yes, list the name of the school, program, and dates attended.

Describe any special circumstances you feel might aid the committee on admissions in evaluating your application.

Note: Please be certain to read the following disclosure and sign the application for further processing. No application will be processed without your signature.

Disclosure Statement:

Have you ever been convicted in any state or country of a criminal offense, other than a minor traffic offense, where you have been found guilty by a judge or jury or entered a plea of nolo contendere (no contest); or any juvenile offenses; any offenses where the records have been expunged; or any conviction that the applicant is currently appealing, regardless of adjudication?

Yes No

If the answer is yes, please explain. _____

The disclosure is a continuing duty. All applicants must report to Nova Southeastern University (NSU) any such arrest or conviction after the filing of the application for admissions or during the time that the student is enrolled at the college. The admissions committee and NSU will consider new information submitted, and in appropriate circumstances, may change the status of an applicant or student.

Permission is hereby given to NSU to make any necessary inquiries and I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, its officers, employees and agents, or any other person or entity making a written or oral request for such information.

Signature of Applicant _____ Date _____

Notices of Nondiscrimination and Accreditation

Consistent with all federal and state laws, rules, regulations, and/or local ordinances (e.g., Title VII, Title VI, Title III, Title II, Rehab Act, ADA, and Title IX), it is the policy of Nova Southeastern University not to engage in any discrimination or harassment against any individuals because of race, color, religion or creed, sex, pregnancy status, national or ethnic origin, nondisqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, veteran status, or political beliefs or affiliations, and to comply with all federal and state nondiscrimination, equal opportunity, and affirmative action laws, orders, and regulations.

This nondiscrimination policy applies to admissions; enrollment; scholarships; loan programs; athletics; employment; and access to, participation in, and treatment in all university centers, programs, and activities. NSU admits students of any race, color, religion or creed, sex, pregnancy status, national or ethnic origin, nondisqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, veteran status, or political beliefs or affiliations, to all the rights, privileges, programs, and activities generally accorded or made available to students at NSU, and does not discriminate in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Nova Southeastern University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097, Telephone number: 404-679-4501) to award associate's, bachelor's, master's, educational specialist, and doctoral degrees.

Acknowledgment Statement

I have read and understood the instructions. I certify that the information submitted in this application is complete and correct to the best of my knowledge. False and/or omitted information will invalidate this application and could result in rejection of the applicant or dismissal from the university if the applicant has already been admitted. Permission is hereby given to NSU to make any necessary inquiries and I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I agree that this information may be used by Nova Southeastern University for research and development purposes aimed at improving education and admissions programs.

Signature of Applicant _____ Date _____

08-211-04DBB

