In addition to submitting the undergraduate admissions application, a student wishing to pursue a dual admission program between NSU’s Farquhar College of Arts and Sciences and NSU’s Health Professions Division must complete this application. **Deadline February 1.** Please have the required letters of recommendation sent to the address below in its entirety. For specific admissions requirements, log onto [www.nova.edu/admissions/academics/dualadmission](http://www.nova.edu/admissions/academics/dualadmission), or call 800-338-4723, ext. 28000, or (954) 262-8000. Only full-time, day, first-time-in-college students are eligible to apply for dual admission Health Professions Division programs.

Complete all parts of this application and return to

Nova Southeastern University
Enrollment Processing Services (EPS)
Attn: Office of Undergraduate Admissions
3301 College Avenue
P.O. Box 299000
Fort Lauderdale, Florida 33329-9905

No application will be considered by the Committee on Admissions until all credentials, fees, and test scores have been received by NSU. All data submitted in support of this application become the property of the university and cannot be returned.

Check program you are applying to.

- [ ] Bachelor of Science in Nursing (B.S.N.)
- [ ] B.S./Doctor of Physical Therapy (D.P.T.)
- [ ] B.S./Doctor of Pharmacy (Pharm.D.)
- [ ] B.S./Doctor of Pharmacy (Ph.D.)
- [ ] B.S./Doctor of Audiology (Au.D.)
- [ ] B.S./Doctor of Optometry (O.D.)
- [ ] B.S./Doctor of Dental Medicine (D.M.D.)
- [ ] B.S./Master of Occupational Therapy (M.O.T.)
- [ ] B.S./Anesthesiologist Assistant (M.H.Sc.)
- [ ] B.S./Physician Assistant (M.M.S.)
- [ ] B.S./Doctor of Osteopathic Medicine (D.O.)

**Notices of Nondiscrimination and Accreditation**

Nova Southeastern University admits students of any race, color, sex, age, nondisqualifying disability, religion or creed, sexual orientation, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school, and does not discriminate in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Nova Southeastern University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate’s, baccalaureate, master’s, educational specialist, doctorate, and professional degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Nova Southeastern University.
1. Name _____________________________________________________________________________________________
   Last                                                                     First                                                                     Middle

2. NSU ID ___________________________________________________________________________________________

3. What honors did you receive in high school? (include honorary societies)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

4. Has your education to date been continual, other than vacations   ☐ Yes   ☐ No
   If no, describe the activities and/or employment for any period during which you were not officially enrolled as a student.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

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

6. Were you employed while in high school?   ☐ Yes   ☐ No
   If yes, list in chronological order, beginning with your current position, your title or job description and dates of employment.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

7. Other than the information listed in answer to question 6, list your significant health care related activities. List dates of involvement, level of responsibility, and number of hours per week.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
8. Explain your reasons for wanting to become a member of your selected profession. Use additional sheets of paper if necessary.

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9. Give the name and relationship of all relatives in the medical field (including profession, college, and date of graduation).

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

10. Describe any special circumstances that you feel might aid the Committee on Admissions in evaluating your application.

__________________________________________________________________________________________________
__________________________________________________________________________________________________

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

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 make any necessary inquiries. 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