



Application for Admission

Process

1. Submit the Application for Admission and \$50 application fee (non-refundable).
2. Request your official high school or GED transcript to be sent directly to:
 Northwest Suburban College
 SAHS Admissions
 5999 S. New Wilke Road • Suite # 400
 Rolling Meadows, IL 60008
3. You will be considered for admission after NWSC receives all required documents.

General Information

 Social Security Number (last 4 digits, if available)

 Date of Birth (mm/dd/yyyy)

Male Female

 Last Name

 First Name

 Middle

 Street Address

 City

 State

 Zip

 Cell Phone

 Home Phone

 Email

Program of Interest

- | | |
|--|--|
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Billing and Coding Specialist |
| <input type="checkbox"/> EKG Technician | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Electronic Health Record Specialist | <input type="checkbox"/> Phlebotomy Technician |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Other: _____ |

Citizenship Information

Are you a U.S. Citizen? Yes No If No: U.S. Permanent Resident Yes No Country of Citizenship _____

Education

Are you a high school or GED graduate? High School GED

 Name of High School

 Graduation (mm/yyyy)

 CGPA or GED Score

List All Colleges Attended	Dates Enrolled	Degree Conferred	Major	Minor	CGPA or GED Score

Have you ever enrolled at NWSC? Yes No If yes, dates of enrollment _____

Have you ever been suspended, placed on probation, or dismissed from any high school or college? Yes No

If yes, please explain on a separate sheet of paper. Include the date of occurrence, summary of incident, how you were held accountable, and any additional information you wish to provide.

How do you plan to pay for your education?

Parent Self Loans and Grants

Are you currently employed? Part time Full time No

If employed:

Employer	Address	City	State	Zip
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Contacts

If under 18 years old, please fill out the following Parent Information:

Full Name	Relationship
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Phone Number	Email
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Street Address	City	State	Zip
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In case of an emergency, please list the person you wish NWSC to contact.

Full Name	Relationship
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Phone Number	Email
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Street Address	City	State	Zip
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Read carefully and sign.

I agree to comply with the guidelines and requirements of Northwest Suburban College and to cooperate with the faculty, staff, and students. I understand that the College reserves the right to cancel the registration of any student for unsatisfactory conduct or for any other just cause. I affirm that all the information I have provided is, to the best of my knowledge, true and correct. Failure to present accurate information in this document can lead to the denial of admission or revoking of admission. I hereby authorize NWSC to investigate any statement contained in this application. I understand that all documents submitted become property of Northwest Suburban College, and hereby release any party from liability as a result of any information provided to NWSC. It is understood that I accept registration as a student at NWSC, subject to the above provisions.

I hereby acknowledge that I have read and understand the terms of this application.

Signature of Applicant

Date