

NORTHWESTERN STATE UNIVERSITY

BACHELOR OF APPLIED SCIENCE IN ALLIED HEALTH PROGRAM

Application for Bachelor of Applied Science in Allied Health

We are pleased that you are interested in enrolling the Bachelor of Applied Science in Allied Health (BASA) Program at Northwestern State University. Students who want to enroll in the Bachelor of Applied Science Program must meet the following requirements:

- Completed an associate degree program in an allied health discipline
- Have licensure, certification, or registration in an allied health discipline

Biographic Information

Semester/Year Requested Enrollment _____

Campus-wide ID: _____

Note: If you do not know your campus ID, use this link: <https://appserv.nsula.edu/getid/>. If you have not applied to NSU, you can leave this blank.

Last Name _____

First Name _____

Middle Initial _____ Maiden Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____
Home _____ Cell _____

Email address _____

Educational Information

List any other colleges and universities attended:

College Name	City	State	Degree earned/#of hours

Professional Information

Name of licensure, registration, or certification agency and license, registration, or certification number to practice in an allied health discipline: _____

In which state do you hold a licensure, registration, or certification? _____

Place of employment _____

Work Phone _____

Discuss your reasons/motivations for wanting to complete the BASAH program:

Describe your future professional plans:

I have read the requirements for admission to the BASAH program. I certify that all information furnished is complete and correct. I understand that completion and submission of this application does not guarantee admission into the BASAH program. I am currently enrolled or have submitted an application to NSU and all of my official transcripts and other admission materials will be submitted to the admissions office in Natchitoches.

Applicant's Signature (typing your name here indicates that you are signing electronically)

Date

Please email this application and a scan, photo, or electronic copy of your licensure, registration, or certification to practice in an allied health discipline must be emailed to Dr. Laura Aaron (carwilel@nsula.edu).