



**PALMER**  
College of Chiropractic

**Application Certification Form**

**Bachelor of Science Degree Application Certification Form**

*I certify the information I submitted in my application form is correct and accurate. If accepted, I agree to abide by all the rules and regulations in effect during my enrollment.*

Reservation of Rights and Notice of Non-Discrimination

Palmer College of Chiropractic reserves the right, without notice, to modify the requirements for admission or graduation; to change the arrangements or contents of courses, the instructional materials used, the tuition and other fees; to alter any regulation affecting the student body; to refuse admission or readmission to any student at any time, should it be in the interest of the College or the student to do so. The College also reserves the same right as to any other material in this application and the Bulletin. It is the duty of the student to inquire as to whether any change has been made. Palmer College of Chiropractic does not discriminate on the basis of race, color, sex, national origin, age or handicap in admission or access to programs and activities.

Signature of Candidate: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name (print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Be sure to include the non-refundable \$50 application processing fee and the \$100 evaluation fee (total of \$150).

If you are paying by credit card complete the following information:

MC \_\_\_ VISA \_\_\_ DSCV \_\_\_ Credit Card #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Send this form to:

Department of Undergraduate Studies  
Palmer College of Chiropractic  
1000 Brady Street  
Davenport, Iowa 52803-9989