



Evaluation Request Form – Bachelor of Science Program

Palmer College of Chiropractic
1000 Brady Street
Davenport, IA 52803
563-884-5867

This evaluation request must be made prior to entering 4th trimester in the DC program. Deficient credits must be completed prior to entering 10th trimester in the DC program. Failure to complete credits by this time may result in a delay of one trimester for awarding the degree.

Name _____ Matric # _____

Matriculation Date _____ Current Trimester _____

Expected Graduation Date _____
(Year) (Month)

Undergraduate College(s) Attended:

After completing this evaluation request your file will be reviewed by the Undergraduate Program Oversight Committee for acceptance into the Bachelor of Science degree program. Upon approval you will become a candidate for the Bachelor of Science Degree, in General Science. Awarding of the degree will follow the completion of all program requirements and payment of all fees.

Student Signature

Date
