



# PALMER

College of Chiropractic

## Department of Undergraduate Studies Bachelor of Science Degree Program

### Evaluation Request Form

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

THIS EVALUATION REQUEST MUST BE MADE PRIOR TO ENTERING 4<sup>TH</sup> TRIMESTER IN THE DC PROGRAM. DEFICIENT CREDITS MUST BE COMPLETED PRIOR TO ENTERING 10<sup>TH</sup> TRIMESTER IN THE DC PROGRAM. FAILURE TO COMPLETE CREDITS BY THIS TIME MAY RESULT IN A DELAY OF ONE TRIMESTER FOR THE AWARDING OF THE DEGREE.

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Name \_\_\_\_\_ Matric # \_\_\_\_\_

Matriculation Date \_\_\_\_\_ Current Trimester \_\_\_\_\_

PCC Box # \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_  
(Year) (Month)

Undergraduate College(s) Attended:

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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.

Payment of the \$100.00 fee must be made to the Student Administrative Services or attach to this form.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Student Administrative Services Use  
\$100.00 Paid Stamp