

Keiser University/Palmer College of Chiropractic, Florida Campus

Application for Joint Admission

Complete all information and return this application to Palmer College of Chiropractic, Florida Campus Admissions Department. Please type or print clearly.

Personal Data

Social Security # _____/_____/_____

Name _____
Last First Middle Other names that may appear on supporting documents

E-mail _____

Current Mailing Address _____
Number & Street

City State Postal Code Telephone (____) _____

Permanent Mailing Address _____
Number & Street

City State Postal Code Telephone (____) _____

U.S. Citizen or Resident: Yes____ No____ If no, country of citizenship _____

Admissions Information

High School Name _____

High School Address _____

Graduation Date _____ High School graduation by: Diploma____ Equivalency Certificate____

Anticipated Term of Entry at Palmer College of Chiropractic, Florida Campus _____
Month/Year

Other Colleges attended prior to anticipated enrollment at Palmer College of Chiropractic, Florida Campus _____

Intended Keiser University Courses to be taken	Course number _____	Title _____
	Course number _____	Title _____
	Course number _____	Title _____
	Course number _____	Title _____

Anticipated entry date at Keiser University _____
Month/Year

I authorize Keiser University and Palmer College of Chiropractic, Florida Campus to release confidential education record information (including grade reports and/or transcripts) to each other.

I certify that the foregoing information is true and complete to the best of my knowledge and realize that failure to provide official transcripts and other required information may result in the cancellation of admission or registration.

Student Signature (Required)

Date

Palmer College of Chiropractic, Florida Campus
Admissions Department Authorized Signature

Date

For Keiser University office use only:
Date Received _____
Term Applied _____
Bursar _____

Please return this document to:
Palmer College of Chiropractic, Florida Campus
Attn: Admissions
4777 City Center Pkwy
Port Orange, FL 32127

For Florida Campus office use only:
Term _____
Fee Paid _____
Status _____