



Eastern Iowa Community College District/Palmer College of Chiropractic Application for Joint Admission

Complete all information and return this application to the Palmer College Director of Admissions. 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 date of entry at Palmer College of Chiropractic _____

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

Intended Scott Community College Program of Study Pre-Doctor of Chiropractic Chiropractic Technician

Scott Community College entrance term Fall Spring Summer of 20__

Intended Palmer College Major Doctor of Chiropractic Chiropractic Technician

I authorize the Eastern Iowa Community College District and Palmer College of Chiropractic 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 Director of Admissions

Date

For EICCD office use only:
Date Received _____
Term Applied _____
Bursur _____

Please return this document to:
Palmer College of Chiropractic
Attention: Admissions
1000 Brady Street
Davenport, Iowa 52803

For Palmer office use only:
Term _____
Fee Paid _____
Status _____