Palmer College of Chiropractic, West Campus
Doctor of Chiropractic Degree
STUDENT TRANSFER FORM

All prospective students to Palmer College of Chiropractic's West Campus who have attended another chiropractic college or program must have this form on file at Palmer College before admission may be granted. Please complete Part A, then send the entire form to the chiropractic college(s) you attended. Please notify the West Campus if additional forms are needed.

Please note, this form inquires as to the applicant's academic and/or ethical standing. It is NOT a transcript release form. The prospective student, in accordance with the regulations of the individual educational institution, must request official transcripts.

To be completed by applicant. Please print.

PART A: Full Name _____

Social Security Number _____

Present Address:
Street _____

City _____ State _____ Zip _____

Requested Term of Enrollment to Palmer College of Chiropractic's West Campus _____

Your signature in the space provided will authorize the release of the information requested on this form to Palmer College of Chiropractic:

_____ _____
Applicant's Signature Date

PART B: Dear Dean/Registrar:

The above named student is in the process of making application to Palmer College of Chiropractic. Please answer the following questions regarding the student's standing and your academic program. Please return this form directly to:

Palmer College Admissions Department
1000 Brady Street
Davenport, IA 52803
(800) 722-3648

Did this student leave your Chiropractic Program in good academic standing? ☐ Yes ☐ No
Did this student leave your Chiropractic Program in good ethical standing? ☐ Yes ☐ No
Is this student able to rematriculate into your Chiropractic Program? ☐ Yes ☐ No

Please indicate the structure of your academic term:

☐ Quarter ☐Semester ☐ Trimester
Number of weeks in each academic term: _____
Number of class hours per credit hour: _____

Signature _____

Name _____ Title/Position _____

Name of Chiropractic Institution _____

Address _____ City _____ State _____ Zip _____