## Palmer College of Chiropractic, Florida Campus Doctor of Chiropractic Degree STUDENT TRANSFER FORM

All prospective students to Palmer College of Chiropractic 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 Florida 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	e Ziŗ	)				
Requested Term of Enrollment to Palmer Colleg	e of Chiropractic's Florida Ca	mpus				
Your signature in the space provided will author of Chiropractic:	rize the release of the informat	tion re	queste	d on th	nis forn	n to Palmer College
Applicant's Signature	Date			_		
PART B: Dear Dean/Registrar:						
The above named student is in the process of following questions regarding the student's stand						
	r College Admissions Departn 1000 Brady Street Davenport, IA 52803 (800) 722-3648					
Did this student leave your Chiropractic Program Did this student leave your Chiropractic Program Is this student able to rematriculate into your Ch	n in good ethical standing?		Yes Yes Yes		No No No	
Please indicate the structure of your academic te	rm:					
☐ Quarter ☐ Semester ☐ Trimes  Number of weeks in each academic term  Number of class hours per credit hour:	m:					
Signature						
Name	Title/Position					
Name of Chiropractic Institution						
Address	City		,	Stata		7in