



INFORMATION ON TRANSFER STUDENTS

This form *must* be completed by the chiropractic college you last attended and mailed by the college directly to: *Office of Admission, Life Chiropractic College West, 25001 Industrial Blvd. Hayward, CA 94545.*

Please Print all answers.

NAME OF APPLICANT: _____
Last First M

I, _____, authorize _____
Signature College

to release the information below to Life Chiropractic College West. Further, I hold harmless the person or persons at the college named above for any and all information provided to Life Chiropractic College West in completing this form.

1. Is student currently attending your institution? Yes ____ No ____

If yes, what term/year? _____

2. Is the student eligible to return to your institution at the next enrollment period? Yes ____ No ____

If not, under what conditions and when may he/she return?

3. Has this student ever been dismissed from your institution? Yes ____ No ____

If yes, for what reason?



4. Does the student have a good disciplinary record at your school? Yes ____ No ____

If not, please explain the nature of difficulty:

5. Give any additional information which you feel would be helpful to the admissions committee relative to the student's scholarship, character, special interests, etc. (use the reverse side if necessary):

Signature of Dean or Registrar

Name of College