

Intent to Participate - Dual Degree Program Palmer College of Chiropractic West and Eastern Illinois University

I,	(STUDENT NAME) plan to participate in the Dual				
Degree Program	set up between	Eastern IL Uni	versity and Pal	mer Colle	ege of Chiropractic. I understand
that I will need to	follow the cou	rse plan as outl	ined in the agre	eement be	etween Eastern IL University and
Palmer College o	f Chiropractic.	Thereby, I will	be attending a	pproxima	tely three years at Eastern Illinois
University to con	plete the 90 sea	mester hours ne	eeded to fulfill	the prerec	quisites and meet entrance
requirements for	Palmer College	of Chiropractic	c. I understand	I will wo	rk closely with my
advisor/represent	ative at both ins	stitutions to ens	ure that require	ements are	e being met. Once I have
completed the first	st year at Palme	er, I will send P	almer College	of Chirop	ractic transcripts to Eastern
Illinois University	y to transfer Pal	mer College of	Chiropractic of	redits tov	vard Eastern Illinois University
graduation requir requirements are		or of Chiroprac	ctic degree will	be grante	ed once all graduation
I plan to matricul following term: (College of Chi	ropractic's pro	gram at th	ne California Campus during the
	Year:	Winter:	Spring:	_ Sum	nmer: Fall:
I grant permission	n for both institu	utions to share	information ab	out my pr	rogress through the program.
				-	Date:
Student Name (pr	rinted)				
					Date:
Student Signature	;				
					Phone: ()
Student Address		City	State	Zip	
					Date:
Dual Degree Coo	rdinator at East	tern Illinois Ui	niversity signa	ture	

Eastern Illinois University 600 Lincoln Ave, Charleston, IL 61920 Dr. Gary Bulla, Professor & Chair Department of Biological Sciences Palmer College Admissions California 90 E. Tasman Drive San Jose, CA 95134 admissions.ca@palmer.edu/ 866-303-7939

Send completed form to:

Palmer College of Chiropractic, Attn: Erik Sellas
1000 Brady St., Davenport, IA 52803 Or email to: enrollment@palmer.edu