



**LIFE
CHIROPRACTIC
COLLEGE
WEST**

**Application
For
Admission**

Congratulations

on your decision to consider Life West for your chiropractic education. We look forward to serving you by giving your application careful and timely evaluation. You are welcome to apply up to two years prior to intended entry.

The application contains three parts - a four-page application, two letter of reference forms, and an academic transcript request form.

Letter of reference forms should be completed and mailed directly by those individuals who are providing the recommendation. Use of these actual forms is optional. The academic transcript request form may be photocopied and used as needed in order to request transcripts from all institutions that you previously attended.

Mail all documents along with \$45 application fee to:

**Office of Admissions
Life Chiropractic College West
25001 Industrial Blvd.
Hayward, California 94545**

Please call the admissions office with any questions. We are eager to assist you through the application process.

25001 Industrial Blvd.
Hayward, CA 94545
510.780.4500
800.788.4476
fax 510.780.4525
admissions@lifewest.edu
www.lifewest.edu

Application for Admission

ADMISSION INFORMATION

Please print in blue or black ink.

Please check your intended term of entry:

Summer/July _____ Fall/October _____ Winter/January _____ Spring/April _____
Year Year Year Year

Are you applying for admission as a:

- Freshman** (first-time chiropractic student) **Second D.C. degree student**
 Transfer (from another chiropractic college) **Re-admission student** (see below)
 Non-degree student **Repeat applicant** (see below)

If a **transfer student**, please indicate school _____
Name
_____ Dates ____/____/____ to ____/____/____
Location Enrollment period

If you have previously applied to or attended Life West (**repeat or re-admission applicant**), please list:

Date of application _____ Attended classes _____
Term/Year Term/Year

BIOGRAPHICAL INFORMATION

Full legal name _____
Last First Middle

Preferred name _____ Female Male

Other names that may appear on academic records _____

Permanent address _____
Street and Number

_____ City State Zip Country (if not U.S.)

Telephone (____) _____ Fax (____) _____ E-mail _____

Mailing address (if different from above) _____
Street and Number

_____ City State Zip Country (if not U.S.)

Telephone (____) _____ Fax (____) _____

What is your home state? _____ U.S. Social Security # _____ - _____ - _____

Date of birth ____/____/____ Place of birth _____ Country of citizenship _____
Month Day Year

Are you a United States permanent resident? yes no

If you are in the U.S. on a visa, indicate type: _____

Race/Ethnicity (Your response is voluntary and will not affect your admission. Life Chiropractic College West does not discriminate on the basis of race, color, national or ethnic origin, religion, age, gender, sexual orientation, or disability in admissions, education, employment, financial aid, or any other College-administered programs.)

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander Hispanic or Latino White
 Other

PERSONAL INFORMATION

Have you ever been convicted of a felony? Yes No

If yes, please attach official written documentation that the behavior has been eliminated or corrected.

Documentation may be submitted by a probation officer, social worker, psychologist, counselor or psychiatrist.

Do you plan to apply for financial aid? (U.S. citizen/permanent resident only) Yes No

Should you be accepted for admission and choose to attend Life West, where do you plan to live?

At parents' home Other off-campus housing

How did you first hear of Life West? _____

What was your city, state and zip code at the time you first considered pursuing chiropractic as a career? (If in U.S.)

City

State

Zip

What are the top three things that influenced you to apply to Life West?

1) _____

2) _____

3) _____

Who referred you to Life West?

Name _____

Address _____

Home telephone _____ Work telephone _____

Occupation _____

LETTERS OF REFERENCE

As a part of the application process, two academic/professional recommendations are required, with one preferably from a doctor of chiropractic.

Letter of Reference form(s) will be received by the Office of Admissions from:

Name _____ Position _____

Address _____

Name _____ Position _____

Address _____

ESSAY

As part of your application for admission, please submit an essay describing why you wish to become a Doctor of Chiropractic. Include what experiences led you to consider a chiropractic career and what you see as the chiropractor’s place in the healthcare environment.

Responses should be one to two typewritten pages. Your signature on this application certifies that your essay is your own original work. We encourage you to research chiropractic by reading pertinent books, speaking with local chiropractors, and experiencing chiropractic directly as a patient.

PRIVACY POLICY WAIVER

In compliance with the Family Rights and Privacy Act of 1974, Life Chiropractic College West holds all records for applicants and students in the strictest confidence. Therefore, the admissions office of Life Chiropractic College West will only discuss or correspond regarding your academic records directly with you.

If you would like the admissions office of Life Chiropractic College West to be able to discuss your records with other designated persons, please indicate those person(s) in the space provided.

I, _____, hereby authorize official representatives of the admissions office of Life Chiropractic College West to discuss and/or correspond regarding my records with the following persons:

Name _____ Relationship to student _____

Name _____ Relationship to student _____

Name _____ Relationship to student _____

SIGNATURE

I certify that the information submitted in this application is true, complete, and accurate. I understand that any misrepresentation, including omission of information, may be cause for denial of admission. I understand that Life Chiropractic College West may investigate the accuracy of statements and dates provided.

_____ *Signature* _____ *Date*

Nondiscrimination Policy

Life Chiropractic College West, in accordance with applicable federal and state law and College policy, prohibits discrimination, including harassment, on the basis of race, color, religion, national or ethnic origin, gender, sexual orientation, disability, or age in any of its programs or activities of education and employment. Further, the College does not tolerate acts of coercion, intimidation or retaliation against any individual for the purpose of interfering with any right or privilege secured under law. The College’s Complaint Resolution Officer (CRO) and designated Title IX/VI and 504/ADA Coordinator, Lori Pino, responds to questions about prohibited forms of discrimination or will refer you to a more appropriate campus resource. The CRO is located in Room 105B and may be reached at (510) 780-4500 x-2061 or lpino@lifewest.edu.

Letter of Reference



Use of this form is optional. Regular letters of reference submitted on the author's letterhead are acceptable.

I, _____, waive the right to read the contents of this
Student name (Please print)
 letter of reference and request that it be sent directly to the Office of Admissions at Life Chiropractic College West.

Student Signature Date

We appreciate your cooperation in providing your candid, accurate evaluation of the candidate. Your comments will help the admissions committee become better acquainted with the candidate's character, potential, and abilities. Please complete and mail this form at your earliest convenience to:
Office of Admissions, Life Chiropractic College West, 25001 Industrial Blvd., Hayward, CA 94545.

Please rate the candidate as follows:
1) Poor 2) Below average 3) Average 4) Above average 5) Outstanding
 Leave blank if unknown.

CHARACTERISTICS	RATING	COMMENTS
Chiropractic Knowledge		
Concern for Others		
Honesty/Moral Character		
Leadership		
Maturity/Emotional Stability		
Reliability		
Intellectual Ability		
Motivation		
Communication Skills		

How long and how well do you know the applicant?

Please comment on the candidate's suitability for professional graduate study (i.e. maturity and commitment).

How do you feel the candidate would be an asset to the chiropractic profession and to Life Chiropractic College West?

Please add any information which you feel will assist the admissions committee in better evaluating the candidate.

Name _____ *Please print*

Address _____ *Street and number*

_____ *City* _____ *State* _____ *Zip*

Telephone _____ Occupation _____

Would you like us to send a packet of information to you about the chiropractic program at Life Chiropractic College West? Yes No

_____ *Signature*

_____ *Date*

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Name _____ *Please print*

Address _____ *Street and number*

_____ *City* _____ *State* _____ *Zip*

Telephone _____ Occupation _____

Would you like us to send a packet of information to you about the chiropractic program at Life Chiropractic College West? Yes No

_____ *Signature*

_____ *Date*

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Academic Transcript Request

TO:

School _____

Address _____
Street and Number

_____ *City* _____ *State* _____ *Zip*

Telephone (____) _____ Fax (____) _____

FROM:

Name _____

Other names which may appear on documents _____

Date of birth _____ / _____ / _____ Social Security # _____ - _____ - _____

Date of graduation _____

Please send an official academic transcript of my grades and attendance to:

**Office of Admissions
Life Chiropractic College West
25001 Industrial Blvd.
Hayward, CA 94545**

Signature

Date

