LIFE CHIROPRACTIC
COLLEGE WEST

TRANSFER IN GOOD STANDING FORM

The gray section below must be completed and signed by the applicant. The remainder of the form **must** be completed by an administrator or dean from the chiropractic college the applicant last attended and mailed or faxed by the college directly to:

Office of Admissions
Life Chiropractic College West
25001 Industrial Boulevard
Hayward, CA 94545
Fax: (510) 780-4525

I, _____, authorize _____
Print Full Name 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.

_____ _____
Signature Date

NAME OF APPLICANT: _____
Last First M.I.

1. Is the student listed above 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 may the student 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.

   _____

   _____

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_____ _____

Printed name of Administrator/Dean Date

_____

Signature of Administrator/Dean