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

[Signature]                        [Date]

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.

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