INSTRUCTIONS TO APPLY

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 18 months prior to intended entry.

Mail all documents and a $45 application fee to:  
Office of Admissions  
Life Chiropractic College West  
25001 Industrial Blvd.  
Hayward, California 94545

The following documents must be received by the Office of Admissions:

☐ Application: This application for admission

OR

Online Application: For your convenience, this application is available online at www.lifewest.edu. Note: This application is hosted on a secure server (SSL). The data transmitted to Life West Chiropractic College West is encrypted. No personal information is shared with any third party.

☐ Fee: Please remit a $45 nonrefundable application fee

☐ 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 original work. We encourage you to research chiropractic by reading pertinent books, speaking with local chiropractors, and experiencing chiropractic directly as a patient.

☐ Official and/or unofficial high school transcript(s): A copy of diploma will suffice or GED indicating graduation date (required by the State of California)

☐ Official college/university transcript(s): Transcripts from all post-secondary institutions attended

Important: Transcripts evaluations will not be performed until the official transcripts are received at Life West

☐ Faculty Interview: These interviews are either conducted in person or by phone. Once the majority of your application file is complete, you will be notified of your eligibility for an interview and you will be contacted to schedule your interview.

If you have any questions or need additional information please contact the Admissions Department at: (510) 780-4501 or email to admisss@lifewest.edu.

International students will require additional documentation. Please contact the admissions office to discuss. Please check your intended term of entry:

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

ADMISSION INFORMATION

Are you applying for admission as a:  
☐ Freshman (first-time chiropractic student)  
☐ Transfer (from another chiropractic college)  
☐ Non-degree student

If a transfer student, please indicate school ____________________________  
Name ____________________________  
Location ____________________________  
Dates _______ / _______ to _______ / _______  
Enrollment period

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

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

Please print in blue or black ink.
BIOGRAPHICAL INFORMATION

Full legal name ____________________________
Last __________ First ___________ Middle ____________

Preferred name ____________________________

Other names that may appear on academic records ____________________________

□ Female  □ Male

Permanent address ____________________________
City ________________________________________
Street and Number ____________________________
State ____________________________ Zip ____________
Country (if not U.S.) ____________________________

Telephone ( ) _________________ E-mail ____________________________

Cell Phone ( ) ____________________________

Mailing address (if different from above) ____________________________
City ________________________________________
Street and Number ____________________________
State ____________________________ Zip ____________
Country (if not U.S.) ____________________________

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

Date of birth __________ / __________ / __________
Place of birth ____________________________
Country of citizenship ____________________________

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

EDUCATIONAL BACKGROUND

High school attended ____________________________ Date of graduation ____________________________
City ________________________________________
State ____________________________

If you are not a high school graduate, did you take and pass the General Education Diploma (GED)?
□ Yes  □ No

If yes, GED received from: ____________________________
City ________________________________________
State ____________________________ Date ____________________________

List in chronological order the names and locations of all colleges and universities attended.

<table>
<thead>
<tr>
<th>INSTITUTION/LOCATION</th>
<th>DATE(S)</th>
<th>UNITS COMPLETED</th>
<th>DEGREE</th>
<th>MAJOR</th>
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Are any of the above units applied to a degree not yet named? If so, what degree? ____________________________
List below the college courses in which you are currently enrolled and the additional courses you plan to complete before entering Life West. (Attach a separate sheet if more space is needed.)

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<tr>
<th>INSTITUTION</th>
<th>TERM/YEAR</th>
<th>DEPARTMENT COURSE NO. &amp; TITLE</th>
<th>UNIT VALUE</th>
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**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

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) ______________________________________________________

**REferred BY**

Who referred you to Life West? Please list more than one if applicable.

1) Name ________________________________________________
   Address ______________________________________________
   Home telephone ____________________ Work telephone ________
   Occupation ____________________________________________

If a DC, are they a member of the Champions for Life program?  [ ] Yes  [ ] No

2) Name ________________________________________________
   Address ______________________________________________
   Home telephone ____________________ Work telephone ________
   Occupation ____________________________________________

If a DC, are they a member of the Champions for Life program?  [ ] Yes  [ ] No
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 person:

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

USE OF EMAIL PERMISSION

I agree that Life Chiropractic College West can use the email provided in this application to communicate with me and to provide me with valuable information about the progress of my application and the College in general.

_____________________________ ______________________________
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 lpipe@lifewest.edu.