



# APPLICATION FOR ADMISSION TO LIFE WEST

## 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](http://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 written 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.

**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

**Entrance Interview:** May be in person, written or by phone as decided by Admissions

If you have any questions or need additional information please contact the Admissions Department at: **+1 (510) 780-4501** or email to [admissions@lifewest.edu](mailto:admissions@lifewest.edu).

**Please check your intended term of entry:** *please check only one*

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*

**International**

**Transfer** *from another chiropractic college*

If a **transfer student** please indicate school Name \_\_\_\_\_

Location \_\_\_\_\_ Enrollment Period \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

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 \_\_\_\_\_ / \_\_\_\_\_

## BIOGRAPHICAL INFORMATION

Legal Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_ Gender  Male  Female  Other

Previous Last Name *if applicable* \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Do you plan to apply for financial aid?  Yes  No *If yes, providing your SSN below will expedite the process*

U.S. Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

**What is the best way to reach you?** *check all that apply*

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Telephone  Text  Email

Email \_\_\_\_\_

*If Text is checked, please indicate your carrier* \_\_\_\_\_

Permanent Address *if different from above* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Are you a United States permanent resident?  Yes  No

Are you a Veteran?  Yes  No

**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.*

Nonresident Alien

Hispanic/Latino

White

Native Hawaiian or other Pacific Islander

Black or African American

Asian

American Indian or Alaska Native

Two or more races

Race and ethnicity unknown

## EDUCATIONAL BACKGROUND

High School attended \_\_\_\_\_ Date of graduation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

If you are **not a high school graduate**, did you take and pass the General Education Diploma (GED)?

Yes  No

List in chronological order the names and locations of all college and universities attended or are currently attending:

INSTITUTION/LOCATION	DATE		DEGREE EARNED	MAJOR
	FROM	TO		

Are any of the above units applied to a degree not yet named? If so, what degree? \_\_\_\_\_

## 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.

## INFLUENCES

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How did you first hear of Life West?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Campus Visit        | <input type="checkbox"/> Social Media                        | <input type="checkbox"/> Referral: Doctor of Chiropractic |
| <input type="checkbox"/> Champions Weekend   | <input type="checkbox"/> Sports Performance Institute (SPI)  | <input type="checkbox"/> Referral: Friend/Family          |
| <input type="checkbox"/> The WAVE            | <input type="checkbox"/> Life West Rugby                     | <input type="checkbox"/> Referral: Life West Student      |
| <input type="checkbox"/> Recruiter/Grad Fair | <input type="checkbox"/> Referral: Champions for Life Doctor | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Life West Website   | <input type="checkbox"/> Referral: College Counselor         |   |

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

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Reputation      | <input type="checkbox"/> Curriculum              | <input type="checkbox"/> Board Scores |
| <input type="checkbox"/> Campus Visit    | <input type="checkbox"/> Value of Education/Cost | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Leadership Team | <input type="checkbox"/> San Francisco/Bay Area  |                                       |

## REFERRED BY

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Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

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

## PRIVACY POLICY WAIVER

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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 \_\_\_\_\_ Date \_\_\_\_\_

## NONDISCRIMINATION POLICY

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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 **+1 (510) 780-4500 x2061** or **lpino@lifewest.edu**.

## USE OF EMAIL PERMISSION

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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 \_\_\_\_\_

## COUNCIL ON CHIROPRACTIC EDUCATION DISCLOSURE

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Life Chiropractic College West desires to see that all prospective students, as well as our enrolled students, are fully aware of the requirements for licensure and/or registration throughout the world. To this end, we strongly encourage anyone with questions about licensure or registration to visit the following websites: Federation of Chiropractic Licensing Boards (FCLB) [www.fclb.org](http://www.fclb.org); World Federation of Chiropractic (WFC) [www.wfc.org](http://www.wfc.org). Graduates of Life West are eligible for licensure in all fifty states and the District of Columbia of the United States. It is possible, however, for a student to be admitted to Life West and not meet the requirements of a state which requires that an applicant for licensure complete a bachelor's degree before beginning his or her chiropractic education. Further, we want our prospective and enrolled students to be aware that legislation and regulations affecting the practice of chiropractic, including licensure, change from time to time. Therefore, we encourage you to remain in dialogue with jurisdictions in which you have an interest to practice, to be certain that you are prepared for licensure/registration in each. If it is your intention to practice outside of California, you are strongly encouraged to investigate the proper licensing and/or registration requirements of such state, jurisdiction or country to ensure your eligibility upon graduation. Graduates of Life West are also eligible to be licensed in all of the Canadian provinces and in many nations around the world. Many nations also have specific residency or citizenship requirements for licensure/registration. In some jurisdictions your pre-professional education and professional education may qualify you for registration but, due to residence, language or citizenship requirements you may not be eligible to practice.

I have read the above statement and understand that I am responsible to research and comply with each jurisdiction's individual licensure requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SIGNATURE

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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 \_\_\_\_\_