



Life Chiropractic College West
Admissions Department
Telephone | 1.510.780.4501
Fax | 1.510.780.4525
admissions@lifewest.edu
25001 Industrial Blvd. Hayward, CA 94545

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) (Name of 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 Name) (First Name) (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?
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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4. Does the student have a good disciplinary record at your school? Yes  No   
If not, please explain the nature of difficulty.

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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)*

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*(Date)*

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*(Signature of Administrator/Dean)*