

TEXAS CHIROPRACTIC COLLEGE
Doctor of Chiropractic Program
Student Transfer Form

Dear Prospective Student:

All prospective students to Texas Chiropractic College who have attended another chiropractic institution or program must have the completed form on file at TCC before official acceptance can be granted. Please complete Part A of this form and then send the entire form to the chiropractic college(s) you attended. Please notify TCC if additional forms are needed. Please note this form inquires as to the applicant's academic and ethical standing within the institution. This form **does not** serve as a transcript release form. The prospective student must request official transcripts be sent directly to TCC.

Part A:

Full Name _____

Social Security Number _____

Present Street Address _____

City _____ State _____ Zip _____

Requested term of enrollment to Texas Chiropractic College _____

Your signature in the space provided will authorize the release of the information requested on this form to Texas Chiropractic College.

Applicant's Signature _____ Date _____

Part B:

Dear Dean or Registrar:

The above named student is in the process of making application to Texas Chiropractic College. Please answer the following questions regarding the student's standing within your institution. Please return or fax this form directly to:

Texas Chiropractic College
Department of Enrollment Management
5912 Spencer Highway
Pasadena, TX 77505
(800) 468-6839 Fax (281) 991-4871

Did this student leave your institution in good academic standing? Yes No

Did this student leave your institution in good ethical standing? Yes No

Is this student able to re-matriculate into your school? Yes No

Signature _____ Date _____

Name _____

Title or Position _____ Name of Chiropractic Institution _____

Address _____

City _____ State _____ Zip _____