

Intent to Participate Dual Degree Program

Palmer College of Chiropractic - Davenport Campus
Eastern Illinois University

I, _____, plan to participate in the Dual Degree Program set up between the Eastern Illinois University and Palmer College of Chiropractic. I understand that I will need to follow the course plan as outlined in the agreement between Eastern Illinois University and Palmer College of Chiropractic. Thereby, I will be attending approximately three years at Eastern Illinois University to gather the 90 semester hours needed to fulfill the prerequisites and meet entrance requirements for Palmer College of Chiropractic. I understand I will work closely with my advisor/representative at both institutions to ensure that requirements are being met. Once I have completed the first year at Palmer, I will send Palmer College of Chiropractic transcripts to Eastern Illinois University to transfer Palmer College of Chiropractic credits toward Eastern Illinois University graduation requirements. A Doctor of Chiropractic degree will be granted once all graduation requirements are met.

I plan to matriculate into Palmer College of Chiropractic's program during the following term:
(check one)

_____ Year _____ March _____ July _____ Nov (Iowa Campus)

I grant permission for both institutions to share information about my progress through the program.

_____ Date _____
Print Name

_____ Date _____
Student Signature

_____ (____) _____
City State Zip Phone

_____ Date _____
Dual Degree Coordinator at Eastern Illinois University (Pamela Levine or assigned designee) signature

Eastern Illinois University / Contact Person
Gary A. Bulla, Ph.D.
gabulla@eiu.edu

Palmer College of Chiropractic / Contact Person
Admissions Representative - Iowa Campus
563-884-5656 admissions.ia@palmer.edu

Send completed form to:
Sandy Miller / Palmer College of Chiropractic, 1000 Brady St., Davenport, IA 52803 / P: (563) 884-5656 | F: (563) 884-5414 | sandy.miller@palmer.edu