

Intent to Participate Dual Degree Program

Palmer College of Chiropractic St Ambrose University

I, _____, plan to participate in the Dual Degree Program set up between the **St Ambrose University** and Palmer College of Chiropractic. I understand that I will need to follow the course plan as outlined in the agreement between **St Ambrose University** and Palmer College of Chiropractic. Thereby, I will be attending approximately three years at **St Ambrose 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 **St Ambrose University** to transfer Palmer College of Chiropractic credits toward **St Ambrose 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 **St Ambrose University** (Paul Koch or Maureen Baldwin) signature

St Ambrose University / Contact Person
Paul Koch, VP Academic Affairs
Maureen Baldwin, Dual Degree Coordinator

Palmer College of Chiropractic / Contact Person
Admissions Representative 563-884-5656

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