



Application for Admission

Please print or type all answers

Circle one:
Name of Applicant Mr. _____
Mrs. _____
Ms. _____
(Last) (First) (MI)

Name you prefer to be called _____

Indicate maiden name or name change that may appear on transcripts _____

Date of Birth _____ Social Security Number _____

Permanent Address _____

City _____ State _____ Zip _____

Country _____

Day Telephone _(____) _____ Evening Telephone _(____) _____

E-mail Address _____ Home State _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Country _____

Telephone (if different from above) _(____) _____

Reservation of Rights and Notice of Non-Discrimination

Sherman College of Straight Chiropractic reserves the right, without notice, to modify the requirements for admission or graduation; to change the arrangements or content of courses, the instructional materials used, the tuition and other fees; to alter any regulation affecting the student body; to refuse admission or readmission to any student at any time, or to dismiss any student at any time, should it be in the interest of the college or the student to do so. The college also reserves the same right as to any other material in this application and the Bulletin. It is the duty of the student to inquire as to whether any change has been made. Sherman College of Straight Chiropractic offers equal opportunity to all persons without regard to races, sex, age, creed, color, national origin, religion, marital status, disability or other protected classes. This applies to all Sherman College policies and programs. If you have any questions, please contact Lisa Hildebrand, Director of Admission, Sherman College of Straight Chiropractic, 2020 Springfield Road, Spartanburg, SC 29316; 800-849-8771, ext. 222.

Indicate Term and Year Applying For:

(Please circle quarter and write year)

- Winter Quarter (January)
- Spring Quarter (April)
- Summer Quarter (July)
- Fall Quarter (October)
- Year: _____

Applicant Status:

- New Student _____
- Transfer Student _____
- International Student? yes no

Please complete all of the following procedures so that your application may be processed as soon as possible.

- Fill in application completely. Incomplete applications will be returned.
- Attach \$35 application fee.
- Notify all colleges to forward transcripts directly to Sherman College.
- Attach resume of work experience (optional).
- Secure two (2) letters of recommendation (see page 2 for instructions).
- International students, forward academic certificates to Sherman College and request the credential equivalency evaluation by World Education Services (WES) be forwarded directly to the Office of Admission at Sherman College.

For official use: _____ MR _____ CV _____ FW

REQUIRED:

Please provide two letters of recommendation. Letters may be sent with your application or mailed separately. We suggest one letter be from a chiropractor and the other a professional person.

Were you referred to Sherman College by a recruiter? If so, who? _____
If not, please complete the section below.

Referred to SCSC by _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Is the above person a chiropractor? yes no

If you are not referred by a chiropractor or recruiter, how did you first hear about SCSC? _____

Whom to notify in case of emergency _____
Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

(_____) _____
Telephone Number

Immigration Information

Are you a U.S. citizen? yes no If not, Immigration Status _____

If you currently hold an F-1 Student Visa, please list the issuing school. _____

Birth Country _____ Country of Citizenship _____

Have you ever been dropped or dismissed from a secondary school or college? yes no

Have you ever been arrested or convicted of a felony? yes no
If yes, explain fully on a separate sheet.

Have you at any time applied for admission and been rejected by any school? yes no
If yes, give name of school, year and reason.

School _____ Year _____

Reason _____

List any scholastic or professional societies of which you are a member. _____

List high school and college honors and particular interests. _____

Please list all undergraduate colleges you have attended.

College Name	State	Dates Attended
College Name	State	Dates Attended
College Name	State	Dates Attended
College Name	State	Dates Attended

List other chiropractic and graduate colleges attended.

College Name	State	Dates Attended
College Name	State	Dates Attended

If you are currently completing your prerequisite courses for admission, please list (be specific) the title of the course and the college you are attending.

Courses Completing	Name of College	Date of Completion
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Answer the following questions on a separate piece of paper. All answers must be typed and double-spaced.

1. Why have you chosen to attend Sherman College of Straight Chiropractic?
2. Why do you want to be a chiropractor? (This answer should include an autobiographical sketch.)
3. As a Sherman graduate, how would you view your responsibility to society, your profession and your alma mater?

If accepted, I agree to abide by all college rules and regulations in effect during my enrollment. I certify that the information reported on this application is true and complete to the best of my knowledge.

Date

Signature of Applicant

**This application should be completed
by the candidate and sent with a \$35 application fee.
Please make check payable to Sherman College and mail to:**

**Director of Admission, Sherman College of Straight Chiropractic
Post Office Box 1452, Spartanburg, SC 29304
864-578-8770 or 800-849-8771
www.sherman.edu**

Physical Qualifications

Sherman College of Straight Chiropractic requires certain physical qualifications essential to the preparation of a doctor of chiropractic. The purpose of these physical qualifications is to ensure that students entering Sherman College will be able to perform in a satisfactory manner in the classroom, clinic and laboratory settings. In addition, Sherman College expects all students to participate as both "doctor" and "patient" in all laboratory aspects of the didactic and clinical program. This includes demonstrating patient examination and adjustment procedures as well as serving as a patient for another student to demonstrate patient examination and adjustment procedures under faculty supervision.

The physical qualifications, considered a necessary aspect of the Sherman College curriculum, are as follows:

1. The student must possess sufficient coordination of the upper limbs necessary to stand independently and perform a range of chiropractic adjustments and patient examination procedures at a level of skill sufficient to meet Sherman College educational standards.

_____ I am able to fulfill this requirement with _____ I am unable to fulfill this requirement.
Initial or without reasonable accommodation. Initial

Please explain: _____

2. The student must possess sufficient coordination of the lower limbs necessary to stand independently and perform a range of chiropractic adjustments and patient examination procedures at a level of skill sufficient to meet Sherman College educational standards.

_____ I am able to fulfill this requirement with _____ I am unable to fulfill this requirement.
Initial or without reasonable accommodation. Initial

Please explain: _____

3. The student must have sufficient manual dexterity to perform safely in all laboratory and clinical settings without posing a personal threat or endangering the safety and well-being of fellow students or patients.

_____ I am able to fulfill this requirement with _____ I am unable to fulfill this requirement.
Initial or without reasonable accommodation. Initial

Please explain: _____

Physical Qualifications (continued)

4. The student must have sufficient auditory senses to obtain patient histories, hear and interpret heart and lung sounds and to present findings to patients.

_____ I am able to fulfill this requirement with
Initial or without reasonable accommodation.

_____ I am unable to fulfill this requirement.
Initial

Please explain: _____

5. The student must have sufficient visual senses to conduct patient examinations and to record patient histories and examination findings. The student must also possess the visual sense necessary to read and interpret x-ray and microscopic findings.

_____ I am able to fulfill this requirement with
Initial or without reasonable accommodation.

_____ I am unable to fulfill this requirement.
Initial

Please explain: _____

6. The student must have sufficient tactile sensitivity and manual dexterity to perform patient examination, palpatory and adjustment procedures.

_____ I am able to fulfill this requirement with
Initial or without reasonable accommodation.

_____ I am unable to fulfill this requirement.
Initial

Please explain: _____

The applicant should consider whether he/she has the physical ability to perform these tasks. Physically challenged students may have to demonstrate, to the satisfaction of the Sherman College Admission Committee, that they are able to meet the physical qualifications stated above before being admitted to the program. If an applicant feels that he or she is not able to meet the physical qualifications, the college strongly recommends a discussion prior to enrollment as to whether the lack of such abilities might be reasonably accommodated and to what degree.

Pursuant to the Americans with Disabilities Act (ADA) and the Rehabilitation Act, the college provides reasonable and appropriate accommodations for students with documented disabilities. Reasonable accommodations vary according to the circumstances of each case. Review of requests will be made on an individual basis and reasonable accommodations afforded, if any, will depend on such factors as the nature and extent of the disability, documentation provided, and the requirements of the curriculum. It is the responsibility of the student to provide the college with an up-to-date evaluation detailing his or her specific physical disability. Sherman College reserves the right to request that the student be re-evaluated by a trained evaluator from a college approved list, if the original documentation provided is not sufficient for a proper analysis of the student's accommodation needs and/or if the college desires another opinion. Ideally, this process should be completed prior to admission to the college. Reasonable accommodations that do not alter college curriculum requirements and/or policies will be provided for qualified students with documented disabilities. The college is not required to provide aids, devices or services of a personal nature. The college is not required to alter its curriculum or program requirements.

Do you need a reasonable accommodation to fulfill any of the above requirements? yes no

If you answered yes, an Accommodation Request application along with the college's Equal Opportunity and Accommodations Policy will be sent to you. You must complete and submit the Accommodation Request application along with the required documentation to the Office of Student Services by the deadline detailed in the policy. Failure to submit all required documentation, as outlined in the Equal Opportunity and Accommodations Policy may result in denial of all or part of the accommodations request, a delay in acceptance to the college and/or a delay in starting the program. Incomplete applications will not be considered.

I acknowledge that I have read and understand the above information. I also acknowledge that I have had an opportunity to ask questions about this information. I further certify that I have answered the above-outlined questions honestly and to the best of my ability. I understand that false answers or omissions may result in denial of admission to the doctor of chiropractic program or dismissal from the doctor of chiropractic degree program.

Applicant's Signature

Date

Please Print Full Name

Please direct any questions to:

Lisa Hildebrand, Director of Admission
800-849-8771, ext. 222
lhildebrand@sherman.edu

or

Stacy Flowers, Dean of Student Affairs
800-849-8771, ext. 224
sflowers@sherman.edu