



Sherman College of Chiropractic Application for Admission

Questions?

Call: 800-849-8771, ext. 221

Email: admissions@sherman.edu

Complete application in its entirety. Incomplete applications will be returned.

Attach \$50 application fee payable to Sherman College by check or money order or call to pay by credit card.

Attach up-to-date résumé of work experience. **Optional**

Secure two letters of recommendation - see page 2 for instructions.

Attach statement responses - see page 4.

Notify ALL colleges you have attended to forward official transcripts directly to:

Sherman College of Chiropractic

Admission Office

P.O. Box 1452

Spartanburg, SC 29304

International Students: Forward academic certificates to the address above. Request World Education Services (WES) equivalency evaluation be sent directly to the Admission Office at the address above. Visit the WES website at www.wes.org for more information.

Please print or type.

You may complete this application online at <http://www.sherman.edu/apply>

Mr. Ms. Mrs. Dr.

Last Name First Middle

Maiden Name

Prefer to be called

Primary Email Address

(_____)_____
Home Phone

_____/_____/_____
Date of Birth

Alternate Email Address

(_____)_____
Cell Phone

Mailing Address

Social Security Number

City State Zip

Country

Permanent Address (if different from above)

(_____)_____
Home Phone

City State Zip

(_____)_____
Cell Phone

I am applying for admittance to the following year and term: Year: 20____

Winter (January)

Spring (April)*

Summer (July)

Fall (October)

*A minimum of 12 students must be confirmed six weeks prior to the start of the spring quarter or the class will be deferred and begin in summer.

I am a: New Student

Returning Student

Transfer Student from another Doctor of Chiropractic Program

I am a candidate for the Alternate Admissions Track Plan (AATP).*

*If you have an overall GPA between 2.75 and 2.99 and/or less than the required hours in the sciences, you may be eligible for the AATP. This is an admission standard designed to allow students with various academic backgrounds to enroll in chiropractic school based on the academic achievements they already have. You are encouraged to submit transcripts or contact admissions for individual counseling. Requirements for the AATP include 90 semester hours with a GPA of 2.75 or higher. Twelve semester hours in life and physical sciences preferred. If you are admitted via AATP, we'll provide you with an individual academic plan and monitor your progress throughout the course of the program to ensure your success.

Reservation of Rights and Notice of Non-Discrimination:

Sherman College of Chiropractic reserves the right, without notice:

- To modify the requirements for admission or graduation;
- To modify the arrangements or content of courses;
- To modify instructional materials used, tuition and other applicable fees;
- To revise policies and/or procedures affecting students, applicants, and prospective students; and/or
- To refuse admission or readmission to any student at any time should it be in the interest of the college to do so.

The college also reserves the same right as to any other material in this application, college website and/or the catalog. It is the duty of the student to inquire as to whether any change has been made. The college offers equal opportunity to all persons without regard to race, gender, age, creed, color, national origin, religion, marital status, disability or other protected classes. This applies to college policies and programs. If you have any questions, please contact Vice President for Enrollment Services Kelley Jones Ashcraft at the address on page 4 of this application.

Letters of Recommendation

Applicants must secure two (2) letters of recommendation. We suggest one letter from a Doctor of Chiropractic and one letter from a professional acquaintance (professor, supervisor, other). Original letters may be sent with your completed application or directly from the referring party to: Sherman College of Chiropractic, Admission Office, P.O. Box 1452, Spartanburg, SC 29304

How did you find out about Sherman College?

Internet Search Career/Health Fair College Advisor Sherman Admission Representative

Other source (please name) _____

Chiropractor _____
Name _____

Sherman Graduate? Yes No

Address _____

(_____) _____
Home Phone

City _____ State _____ Zip _____

Email _____

Were you assisted or contacted by a Sherman Admission Representative?

Please include his/her name here

Emergency Contact: _____
Last Name First Middle Relationship

Address _____

(_____) _____
Home Phone

City _____ State _____ Zip _____

(_____) _____
Cell Phone

Immigration Information

Are you a U.S. citizen? Yes No If no, what is your immigration status? _____

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

Country of Birth: _____ Country of citizenship: _____

Have you ever been dismissed or dropped from a secondary school or college? Yes No If yes, explain on separate sheet.

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

**Note: If you have a prior felony conviction, the college cannot guarantee that you will qualify for state licensure. See www.fclb.org for state requirements.*

Have you, at any time, applied for admission and been denied admission by any school? Yes No

If yes, list name of school and reason:

School _____ Year _____

Reason _____

Scholastic and/or professional associations/memberships: _____

High school and/or college academic/extracurricular interests: _____

Volunteer experience, hobbies and/or other activities/interests: _____

Undergraduate Colleges Attended

College _____ State _____ Beginning _____/_____/_____ to _____/_____/_____ Ending _____

College _____ State _____ Beginning _____/_____/_____ to _____/_____/_____ Ending _____

College _____ State _____ Beginning _____/_____/_____ to _____/_____/_____ Ending _____

Undergraduate Colleges Attended

College _____ State _____ Beginning _____/_____/_____ to _____/_____/_____ Ending _____

College _____ State _____ Beginning _____/_____/_____ to _____/_____/_____ Ending _____

College _____ State _____ Beginning _____/_____/_____ to _____/_____/_____ Ending _____

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

Course	College Name	Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Statements

Please complete the following essay statements. Each essay should be a minimum of 250 words, typed, double-spaced, 1-inch margins, 12 point, Times New Roman or Arial font with numbered pages. Print and attach response pages with completed application.

1. I would make an excellent Doctor of Chiropractic because...
2. I have chosen to attend Sherman College of Chiropractic because...

If accepted for admission, I agree to abide by all college policies and procedures in effect during my enrollment. I certify all the information reported in this application is true and complete to the best of my knowledge. 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 program.

_____	____/____/____
Applicant Signature	Date

_____	_____	_____
Last Name	First	Middle
<i>Print Full Name</i>		

Physical Qualifications

Sherman College requires certain physical qualifications essential to the preparation of a Doctor of Chiropractic. The purpose of these qualifications is to ensure 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 perform 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 or without reasonable accommodation.

Initial _____

I am unable to fulfill this requirement.

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 or without reasonable accommodation.

Initial _____

_____ I am unable to fulfill this requirement.

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 or without reasonable accommodation.

Initial _____

_____ I am unable to fulfill this requirement.

Initial _____

Please explain

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 or without reasonable accommodation.

Initial _____

_____ 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 or without reasonable accommodation.

Initial _____

_____ I am unable to fulfill this requirement.

Initial _____

Please explain

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

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

Initial _____

_____ I am unable to fulfill this requirement.

Initial _____

Please explain

The applicant should consider whether he or she has the physical ability to perform these tasks. Physically challenged students may have to demonstrate, to the satisfaction of the 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 requests will be made on an individual basis and reasonable accommodation 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 her or his specific 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 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

LaShanda Hutto-Harris
VP for Student Affairs
Sherman College of Chiropractic
PO BOX 1452
Spartanburg, SC 29304

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 physical qualifications questions 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 program.

Applicant Signature

____/____/_____
Date

Last Name First Middle
Print Full Name

Direct questions to:

Vicky Peppin

Director of Enrollment Services
Office: (864)578-8770 ext. 351
Email: vpeppin@sherman.edu

LaShanda Hutto-Harris

VP for Student Affairs
Office: (864)578-8770 ext. 224
Email: lhuttoharris@sherman.edu