**Sherman College of Chiropractic**

Student Transfer Form

All prospective students to Sherman College of Chiropractic who have attended another chiropractic college or program must have this form on file at Sherman College before admission may be granted. Please complete Part I, then send the entire form to the chiropractic college(s) you attended.

Please note, this form is only to inquiry as to the applicant’s academic and/or ethical standing. The prospective student, in accordance with the regulations of the individual educational institution, must request all official transcripts.

**Part I: to be completed by applicant**.

Full Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requested Term of Enrollment to Sherman College of Chiropractic:**

Winter 20\_\_\_\_\_, Spring 20\_\_\_\_\_, Summer 20\_\_\_\_\_, Fall 20\_\_\_\_\_,

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Signature Date

**Part II: To be completed by Institution**

The above named student is in the process of completing an application to Sherman College of Chiropractic. Please answer the following questions regarding the student’s standing. Please return this form directly to:

Sherman College of Chiropractic

Attn: Admissions Department

P.O. Box 1452

Spartanburg, SC 29304

(800) 849-8771 -- email: admissions@sherman.edu

Did this student leave your Chiropractic Program in good academic standing? Yes □ No □

Did this student leave your Chiropractic Program in good ethical standing? Yes □ No □

Is this student able to rematriculate into your Chiropractic Program? Yes □ No □

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title/Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Chiropractic Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_