



PARKER UNIVERSITY STUDENT APPLICATION (DC)

- 1** Applying for: ___ Doctor of Chiropractic Program
 ___ Anatomy (Pre-DC)
 ___ Health & Wellness (BS)
- 2** Academic Year and Term: September _____ January _____ May _____
- 3** Full Legal Name as it Appears on Social Security Card:

Last	First	Middle	Preferred Name
Other last name(s) on transcripts: _____			

4 Address: _____

City State Zip

5 Phone: _____

Home Cell Other

6 E-Mail: _____

7 Emergency Contact: _____

Name	Phone	Relationship
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8 International Student Information: _____

Citizenship	TOEFL Score
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9 Military Status: Yes No Yes No Yes No

US Veteran Currently Active Duty Receiving Benefits

MISDEMEANOR OR FELONY CONVICTIONS

Please note: A graduate's ability to obtain a chiropractic license may be impacted by misdemeanor or felony convictions. Applicants should familiarize themselves with the laws of the states in which they wish to practice by visiting www.fclb.org or individual state board websites. Applicants must disclose arrest and conviction records on the application for admission. All students in the Doctor of Chiropractic degree program complete a background check during their first trimester of enrollment. Failure to disclose arrests or convictions may result in penalties up to and including dismissal from the Doctor of Chiropractic program.

10 **REQUIRED:** Have you ever been charged with a criminal misdemeanor/felony offense?
 Yes No If yes, please explain all charges or convictions:



PARKER
UNIVERSITY

Igniting Passion. Transforming Lives.



11 Social Security Number _____ Date of Birth _____

If you are considering applying for Title IV financial aid assistance, please provide your SS number.

Male Female Married Single

ADDITIONAL BACKGROUND INFORMATION

12 Ethnicity: Hispanic/Latino Not Hispanic/Latino

13 Race: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 White Other _____

LEGACY

14 Do you have any relatives who are attending or who have attended Parker University? This includes parents, grandparents, siblings, children, aunts, uncles, and cousins. Yes No

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

HIGHEST LEVEL OF EDUCATION

15 High School
 Freshman Sophomore Junior Senior

College
 Freshman Sophomore Junior Senior

EDUCATIONAL HISTORY - Please list all college/universities in order of attendance with the most recent first

16 Highest Degree Earned: _____

College/University: _____

College/University _____

17 Please submit a one-page personal statement as to why you have chosen to be a chiropractor.



If you know anyone interested in attending Parker University, please provide the following information:

First Name _____ Last Name _____
 Phone _____ E-mail _____

APPLICATION CERTIFICATION

It is understood, by all parties that the person submitting this application hereby certifies that all information submitted is true and complete to the best of his/her knowledge. The applicant fully understands that failure to answer all applicable questions or misrepresentation of any statement is sufficient reason for denial/delay of admission or dismissal from Parker University. The applicant agrees that if enrolled at Parker University he/she will assume the obligation of living by the Rules, Regulations and Code of Conduct of the Parker University, including any and all off-campus events and excursions on weekdays or weekends.

I understand that a criminal background may disqualify me from admission to Parker University's College of Chiropractic and/or from professional licensure in certain jurisdictions. I understand that evidence I have omitted or falsified information about my criminal background on this application may result in immediate revocation of acceptance to and/or enrollment in Parker's College of Chiropractic.

I acknowledge that I have read and agree to the terms of the Application Certification.

Name (Print) _____ Signature _____

Date _____

INTERNAL USE ONLY

Application fee waived Authorized Signature _____