PERSONAL PROFILE

- Are you or have you ever been a chiropractic patient? ❑ Yes ❑ No If yes, for how long _____ years
- Please list any relative who is a D.C.
  Dr. _____ Relationship _____ Dr. _____ Relationship _____
  Graduate of _____ Graduate of _____
- Are you a veteran? ❑ Yes ❑ No If 'yes', list branch of service and dates: _____
- What state(s), country do you plan to practice in?: _____
- Person(s) to be notified in case of accident or illness? _____
  (Name) (Area Code/Telephone)
  Address: _____
  (Street) (City) (State) (Zip)
- A number of factors influence a student's decision to apply to a college. We are interested in what influence the following factors had on your decision to apply to NYCC. Please circle the appropriate number for each factor. If you did not consider a particular factor, please check the NA (not applicable) column to the right of the scale.

	Very Positive	Somewhat Positive	No Influence	Somewhat Negative	Very Negative	NA
1. Chiropractor	1	2	3	4	5	_____
2. NYCC Alumni	1	2	3	4	5	_____
3. Location and Setting	1	2	3	4	5	_____
4. Friends/Relatives	1	2	3	4	5	_____
5. Distance from my Home	1	2	3	4	5	_____
6. Reputation of NYCC'S Academic Program	1	2	3	4	5	_____
7. A Wide Range of Extra-curricular Activities	1	2	3	4	5	_____
8. Campus Residence Halls	1	2	3	4	5	_____
9. Size of Student Body	1	2	3	4	5	_____
10. Size of the Classes	1	2	3	4	5	_____
11. Academic Reputation	1	2	3	4	5	_____
12. Cost	1	2	3	4	5	_____
13. Campus Visits	1	2	3	4	5	_____
14. Interaction with Admission Representative	1	2	3	4	5	_____
15. Current NYCC Students	1	2	3	4	5	_____
16. College Comparison Guides (Eg. Barron's, Peterson's)	1	2	3	4	5	_____
17. Newspaper, Radio, and Advertising	1	2	3	4	5	_____
18. Competitive/Selective Admissions	1	2	3	4	5	_____
19. Other	1	2	3	4	5	_____

- How did you first hear of New York Chiropractic College?
  ❑ Advertisement _____ ❑ Admissions Representative _____ ❑ College Guidance Counselor
  ❑ Poster Display ❑ Doctor of Chiropractic _____ ❑ Graduate School Guide _____
  ❑ NYCC Faculty Member _____ NYCC Alumni ❑ Yes ❑ No ❑ NYCC Student _____
  ❑ Other _____ ❑ Internet
- Have you visited the campus of New York Chiropractic College? ❑ Yes ❑ No
- Have you or do you intend to visit the campuses of other chiropractic colleges? ❑ Yes ❑ No
  If 'yes', please indicate which colleges you have either visited or intend to visit:
  _____ _____ _____ _____
- Have you or do you intend to apply to the D.C. programs of other chiropractic colleges? ❑ Yes ❑ No
  If 'yes', please indicate which colleges you have either applied to or intend to apply to: _____
  _____ _____ _____ _____

Please feel free to submit any additional information you feel may be helpful to us in considering your application for admission to NYCC.

New York Chiropractic College admits students of any race, color, sex, religion, age, national and ethnic origin or disability to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, religion, age, national and ethnic origin, or disability, all as defined by law, in the administration of its educational policies, admission policies, scholarship and loan programs, athletic and other school-administered programs including employment and other personnel actions within the College, and the use of its facilities.

CERTIFICATION

I hereby make application to New York Chiropractic College and agree to abide by its regulations. I understand that the Application Fee covers the cost of processing an application and that the fee is not refundable for any reason. NYCC 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 regulations 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 do so. In consideration of the undertaking by the Admissions Office to process this form, the undersigned agrees that the information furnished on the Application for Admission, together with all information and materials of any kind received by the College from any source, or prepared by anyone at its request, "shall become part of the applicant's educational records, if accepted as a student, and will be dealt with as to confidentiality and/or disclosure to or inspection by the student or third parties, in accordance with the provisions of the statue of laws of the United States entitled 'Family Educational and Privacy Act of 1974 (FERPA) informally known as the 'Buckley Amendment'."

I certify that the information in this application is complete and accurate. If accepted, I agree to abide by all rules and regulations in effect during my enrollment. I understand that submission of fraudulent documents, misrepresentation, or deliberate omission of any relevant information in the application process shall be cause for rejection of the candidate, or, if enrolled, revocation of admission retroactive to the date of admission.

- Your signature: _____ Date: _____

NEW YORK CHIROPRACTIC COLLEGE

2360 Route 89, Seneca Falls, New York 13148-0800
Phone: (800) 234-6922 or (315) 568-3040
Fax: (315) 568-3087
e-mail address: enrolnow@nycc.edu • Internet: www.nycc.edu

Application for Admission

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

1. Complete this Application for Admission (type or print legibly in ink) and submit it in a timely manner, preferably at least eight months in advance of your desired entrance date.
2. Submit a brief personal statement with your application. This letter should provide you with the opportunity to give the Admission Committee a better idea of who you are as a person. Tell us about yourself, your motivations for pursuing chiropractic, something special about your personal history, or anything that would allow us to get to know you better and which is not included on the application form.
3. Submit a non-refundable application fee of $60.00 US.
4. **Be sure to complete every item on the application form.** (You are not required to answer those items identified as voluntary, but are requested to do so. They are not used to evaluate your candidacy for admission.) If you need assistance, contact us at 1-800-234-6922.
5. Request OFFICIAL transcripts of all postsecondary course work attempted or completed from all colleges or universities you have attended. Official transcripts must be sent from college/university registrars to New York Chiropractic College.
6. Submit evidence of registration for courses in progress or for which you have recently registered.
7. Submit 3 letters of recommendation - one from an academic instructor, preferably in the sciences, one from a Doctor of Chiropractic, and one reference of choice. Letters of recommendation need not accompany the application.
8. Mail completed application and fee to: Admissions Office
   New York Chiropractic College
   2360 Route 89
   Seneca Falls, NY 13148-0800

STUDENT INFORMATION

Term Applying For:
1st choice: ❑ September_____ ❑ January_____ ❑ May_____ **2nd choice:** ❑ September_____ ❑ January_____ ❑ May_____

Applicant's Full Name: Mr. ❑ Ms. ❑ _____
LAST FIRST MIDDLE

Social Security/Social Insurance Number: _____ **E-Mail Address:** _____

List Other Names Under Which We Can Expect To Receive Information: _____

Current Address: _____
STREET
❑ Use as mailing address _____
CITY STATE ZIP

Permanent Address: _____
(if different from current) STREET
❑ Use as mailing address. _____
CITY STATE ZIP

Current Telephone Number: (_____) _____ DAY
(_____) _____ EVENING

Permanent Telephone Number: (_____) _____ DAY
(_____) _____ EVENING

- Country of Birth: _____
- Are you a United States citizen? ❑ Yes ❑ No If no, specify:
  Country of Citizenship: _____ Type of Visa: _____
  - If you are a permanent resident please include a front and back copy of your green card.
  Place & date of entry: _____ Alien Registration # _____
- What is your native language? ❑ English ❑ Other: _____
- Have you ever been convicted of, pled guilty to, or forfeited bail for any criminal conduct under law or ordinance, excluding only minor traffic violations?
  ❑ Yes ❑ No *If yes, please fully explain circumstances on a separate sheet of paper*

Answers to these questions are solicited voluntarily and will not be used in evaluating candidates for admission. We appreciate your cooperation in providing this information.

- Date of Birth ____ /_____/_____
- Gender: ❑ Male ❑ Female
- Marital Status:
  ❑ Single ❑ Married ❑ Widowed ❑ Divorced
- Number of dependents _____

- Ethnic origin (check one):
  ❑ Hispanic or Latino
  ❑ Not Hispanic or Latino

- Race (check one or more):
  ❑ American Indian or Alaskan Native
  ❑ Asian
  ❑ Black or African American
  ❑ Native Hawaiian or other Pacific Islander
  ❑ White

- Is there any disability in your general health (including speech and hearing) which might interfere with your studies or classroom attendance? ❑ Yes ❑ No *(If yes, please explain on a separate sheet of paper)*

HOUSING PLANS

- While attending NYCC will you be living:
  - ❑ On Campus
  - ❑ Off Campus
  - ❑ With Parents or Relatives

EDUCATIONAL HISTORY

- List, in chronological order, *all colleges or universities attended (including other chiropractic colleges).* Begin with the most recent institution attended. Request each institution to forward an official transcript directly to NYCC. Failure to list all colleges attended is grounds for rejection, or if enrolled, dismissal retroactive to the date of admission.

INSTITUTION	MAJOR	LOCATION (City & State)	Dates of Attendance		DEGREE EARNED
			FROM	TO	

- High School Attended or GED certificate # _____

  Address _____

- Date of Graduation: _____
- If you have taken graduate or professional school entrance examinations, please answer the following:

  Name of examination(s) (MCAT/GRE) _____

  Date(s) taken: _____ Please request score reports to be forwarded to the NYCC Admissions Office.

- Please list all college awards and honors you received: _____

  _____

- Have you ever been dismissed from a college, graduate or professional school for any reason?

  ❑ Yes ❑ No If yes, please explain: _____

  _____

- Do you plan to request consideration of transfer credit from another chiropractic college or other graduate or professional school? ❑ Yes ❑ No
- Are you enrolled or do you plan to enroll in an approved accelerated science or Pre-Chiropractic articulation program? ❑ Yes ❑ No

  If yes, college name _____

- If prerequisite course work is in progress or planned, please indicate below.

COURSE	INSTITUTION	LOCATION	ANTICIPATED COMPLETION DATE

Printed on recycled paper

REFERENCES

You are required to submit three letters of reference to the College in support of your application for admission. One letter must be from an academic instructor, preferably in the sciences, and from a Doctor of Chiropractic, and one reference of choice (no recommendations will be accepted from relatives). Please list below the names and complete addresses of the three references you intend to use.

- Dr. _____

  Phone _____

  Address _____
  P.O. Box/Street City State Zip

  Graduate of _____ Date of Graduation _____
  Chiropractic College

- Name _____

  Phone _____

  Address _____
  P.O. Box/Street City State Zip

- Name _____

  Phone _____

  Address _____
  P.O. Box/Street City State Zip

EMPLOYMENT HISTORY

Start with your present or most recent job. Include any volunteer activities.

1

EMPLOYER:	**HOURS/WEEK:**
JOB TITLE:	**DATES EMPLOYED:** FROM TO
WORK PERFORMED:	

2

EMPLOYER:	**HOURS/WEEK:**
JOB TITLE:	**DATES EMPLOYED:** FROM TO
WORK PERFORMED:	

3

EMPLOYER:	**HOURS/WEEK:**
JOB TITLE:	**DATES EMPLOYED:** FROM TO
WORK PERFORMED:	