



TEXAS CHIROPRACTIC COLLEGE

Doctor of Chiropractic

Application for Admission

5912 Spencer Highway, Pasadena, TX 77505-1699
1-800-468-6839 or 281.487.1170 Fax 281.991.4871
admissions@txchiro.edu • www.txchiro.edu

Please complete ALL sections of this application. Incomplete applications will delay the admission process.

Personal Information

Name First Middle Last Maiden (if applicable)

Social Security Number/Social Insurance Number E-mail Address

Present Address Street Apt. or Box #

City State/Province Zip Country

Day Phone Evening Phone Cell Phone

Emergency Contact Name Relationship

Address City State/Province Zip Country

Day Phone Evening Phone Cell Phone

Disciplinary History

1) Have you ever been found responsible for a disciplinary violation at any educational institution you have attended, whether related to academic or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?

___ Yes ___ No

2) Have you ever been convicted of, or pled guilty to, a misdemeanor, felony, or other crime? ___ Yes ___ No

If you have answered yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

Used for statistical purposes only, not for selection of candidates for admission (optional)

Sex: ___ Male ___ Female

Ethnic origin (check one):

Date of Birth _____
Birthplace _____
___ White ___ American Indian/Alaska Native ___ Two or more races
___ Black or African American ___ Native Hawaiian or ___ Non-Resident Alien
___ Hispanic/Latino Other Pacific Islander ___ Race and Ethnicity Unknown
___ Asian

Citizenship/Residency/Language Skills

U.S. Citizen? ___ Yes ___ No

Permanent Resident? ___ Yes ___ No

All non-U.S. citizens and non-permanent residents are to complete the following:

Country of Citizenship _____ Number of years in the U.S. _____

Do you currently hold a visa? ___ Yes ___ No If yes, what type? _____

Is English your native language? ___ Yes ___ No If no, what is? _____

Have you taken the Test of English as a Foreign Language (TOEFL)? ___ Yes ___ No

Test score _____ Test Date _____ Scores sent to TCC? ___ Yes ___ No

U.S. Military Service

Veteran

Current active duty

Current reserve duty

National Guard

Not Applicable

Dates Served _____

Branch of Service? _____ Type of Discharge? _____

Academic Information

High School/GED _____ Graduation date _____

City _____ State _____ Country _____

List chronologically all colleges attended since high school. **All institutions attended must be listed.** A separate page may be attached. Failure to complete this section fully and accurately constitutes misrepresentation and may result in dismissal from the college. (Official transcripts must be mailed to the Admission Office directly from all colleges or universities.)

Name of Institution	Start Date (month/year)	End Date (month/year)	Major/Degree Earned	Eligible to Re-enroll?	
				Yes	No
_____				<input type="checkbox"/>	<input type="checkbox"/>
_____				<input type="checkbox"/>	<input type="checkbox"/>
_____				<input type="checkbox"/>	<input type="checkbox"/>
_____				<input type="checkbox"/>	<input type="checkbox"/>
_____				<input type="checkbox"/>	<input type="checkbox"/>
_____				<input type="checkbox"/>	<input type="checkbox"/>
_____				<input type="checkbox"/>	<input type="checkbox"/>
_____				<input type="checkbox"/>	<input type="checkbox"/>
_____				<input type="checkbox"/>	<input type="checkbox"/>

Enrollment Information

I am applying as a (check all that apply):

Transfer from a 2-year college

Transfer from another chiropractic college

Transfer from a 4-year college

Transfer from another professional school

Degreed student

Former TCC student, last attended _____

Highest degree earned _____

Major _____

College awarding degree _____

Date Earned _____

Trimester Applying for: Spring/January Summer/May Fall/September Year _____

References

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

1. Dr. _____ Phone _____
Address _____
Graduate of _____ Graduation Date _____

2. Name _____ Phone _____
Address _____

Personal Essay

In a separate file, submit a personal essay (two to three pages, typed and double spaced) on why you've chosen a chiropractic career and Texas Chiropractic College.

General Information

How did you first hear about TCC? _____
School you were attending when you decided to pursue a career in chiropractic: _____
Please list other chiropractic colleges applying to: _____
Reasons for selecting TCC: _____
Most influential person(s) in your decision to attend TCC: _____
Do you have a relative who is a DC and their relation? _____
In which state(s)/country do you plan to practice? _____
Will you be applying for financial aid? Yes No Have you received financial aid at previous college(s)? Yes No

Authorization: I understand that chiropractic education and practice requires certain academic and physical capabilities and that it is my responsibility to be able to successfully meet the demands of the program. Furthermore, I declare that the information given on this application is true and complete to the best of my knowledge. I understand that any additional unanswered questions will delay the processing of my application and may require its return for clarification. I also agree to abide by all the rules and regulations of Texas Chiropractic College now in force or that may be adopted while I am in attendance. I understand that falsification of or failure to complete my records may result in my dismissal from the college.

I AGREE TODAY'S DATE (MM/DD/YYYY) _____

By checking and dating the above, applicant agrees to the above statements. Please contact the Office of Admission with any questions or concerns regarding the application process (1-800-468-6839 or admissions@txchiro.edu).

Fee(s) must be **paid online via PayTrace** with this application for it to be processed. *Check all that apply (fees are cumulative).*

DC Program (\$50) Transfer from another chiropractic college (\$50) Confirmation #: _____

Texas Chiropractic College admits students without regard to race, color, religion, sex, age, national or ethnic origin, handicap or veteran status and entitles them to all the rights, privileges, programs and activities generally accorded to its students. Texas Chiropractic College does not discriminate on the basis of race, color, religion, sex, age, national or ethnic origin, veteran status or against otherwise qualified handicapped students in its admission, academic and other standards, nor in financial aid, nor in the planning and administration of any of its academic programs.

Please note: Applications will be classified as "Incomplete" until the TCC Office of Admission receives all of the following items: 1) this Application for Admissions; 2) required personal essay; 3) two letters of recommendation; 4) official transcripts from all previous colleges & universities; and 5) appropriate application fees.