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## U.S. Military Service

Veteran

Current active duty

Current reserve duty

National Guard

Not Applicable

Dates Served \_\_\_\_\_

Branch of Service? \_\_\_\_\_ Type of Discharge? \_\_\_\_\_

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## 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"/>
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_____				<input type="checkbox"/>	<input type="checkbox"/>
_____				<input type="checkbox"/>	<input type="checkbox"/>

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## 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 \_\_\_\_\_

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## 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 \_\_\_\_\_

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## 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.

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## 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

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## Technical Standards

All applicants/students should possess functional use of the somatic senses, adequate motor capabilities, professional attitudes and behaviors to manage situations in the classroom, laboratory and clinic in which these attributes would be employed, and must be able to integrate data acquired via these abilities sufficient to successfully complete the program.

Accommodation can be made for some disabilities in certain of these areas, but a candidate must meet the essential technical standards in such a way that he or she will be able to perform in a reasonably independent manner. The use of a trained intermediary is not acceptable in many clinical situations as it implies that a candidate's judgment must be mediated by someone else's power of selection and observation.

The following entries are intended to provide a framework for applicants and students to understand the necessary personal attributes integral to satisfactory performance in chiropractic education:

Observational Skills: Students must be able to observe and hear in the lecture hall, laboratory and clinic setting sufficient that the student can identify all necessary details, receive and record clinical information, and read and interpret all forms of diagnostic imaging.

Communication Skills: Students must be able to communicate professionally, effectively and sensitively with patients, their families and all members of the health care team. Candidates must show evidence of effective oral and written communication skills in the language of instruction.

Motor Function: Students must be able to perform basic diagnostic procedures (e.g., palpation, auscultation) and possess the strength and coordinated motor movements required to provide standard techniques and procedures associated with a chiropractic education in a safe and effective manner.

Intellectual, Conceptual, Integrative, Quantitative Abilities: Students must be able to measure, calculate, reason, analyze and synthesize. Problem solving, a critical skill demanded of chiropractors, requires all of these intellectual abilities. In order to complete the requirements for the DC degree, students must be able to demonstrate mastery of these skills and the ability to use them together in a timely fashion in clinical problem solving and patient care.

Behavioral and Social Attributes: Students must possess behavioral and social attributes including compassion, empathy, altruism, integrity, ethics, responsibility, emotional stability, tolerance and the ability to adapt to change. As much of the technical instruction in the programs requires reciprocal application of chiropractic and adjunctive techniques, students must have the ability and willingness to receive chiropractic and adjunctive procedures. The College may temporarily excuse a student from receiving chiropractic and adjunctive procedures provided that there is a specific medical contraindication, as determined in writing by a licensed health care professional.

Applicants and students unable to resolve deficiencies in these areas with reasonable accommodation will be counseled to pursue alternate career paths.

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 does not discriminate on the basis of race, age, sex, color, national origin, or the basis of handicap, veteran or immigrant status for the purpose of admission. While TCC recognizes to need to provide reasonable accommodations to qualifies applicants/students, we do have "technical standards" that must be met. Questions regarding our policy on discrimination or our technical standards should be directed to the Director of Student Services.

***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.***