

Intent to Participate Dual Degree Program

Palmer College of Chiropractic
St Ambrose University

I, _____, plan to participate in the Dual Degree Program set up between the **St Ambrose University** and Palmer College of Chiropractic. I understand that I will need to follow the course plan as outlined in the agreement between **St Ambrose University** and Palmer College of Chiropractic. Thereby, I will be attending approximately three years at **St Ambrose University** to gather the 90 semester hours needed to fulfill the prerequisites and meet entrance requirements for Palmer College of Chiropractic. I understand I will work closely with my advisor/representative at both institutions to ensure that requirements are being met. Once I have completed the first year at Palmer, I will send Palmer College of Chiropractic transcripts to **St Ambrose University** to transfer Palmer College of Chiropractic credits toward
