

ARTICULATION AGREEMENT LETTER OF INTENT

To Northeast Office of Admissions:

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I have recently enrolled in the 4+3 Pre-

Chiropractic articulation program at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ degree program.

I understand that this is the first step to become a participant in the Pre-Chiropractic articulation program, and that this does not obligate me in any way to apply for admission to Northeast College of Health Sciences. I understand that if I complete the articulation program with the required courses, grades and cumulative GPA, along with all other admissions requirements, I will qualify for assured admission to Northeast if I choose to attend.

At this time, I estimate that I will be ready to begin my chiropractic studies in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/year). If I plan to enter Northeast at that time, I will submit my application one year in advance of that entrance date to ensure that my place is reserved in the above timeline’s entering class.

I would appreciate receiving current information about Northeast College of Health Sciences.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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E-Mail Address Area Code/Phone

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Mailing Address Permanent Address

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City, State, ZIP City, State, ZIP

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

Advisor Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send this letter to:

OFFICE OF ADMISSIONS, NORTHEAST COLLEGE OF HEALTH SCIENCES 2360 STATE ROUTE 89, SENECA FALLS, NY 13148