

ARTICULATION AGREEMENT LETTER OF INTENT

To Northeast Office of Admissions:

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I have recently enrolled in the 3+3 Pre-Chiropractic articulation program at Nazareth College, 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 this 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. Under this Articulation Agreement, I will qualify to complete my Bachelor’s degree at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and my Doctor of Chiropractic degree at Northeast in a year’s time less than the normal time to earn both degrees.

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 inthe above timeline’s entering class.

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

Sincerely,

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

Signature Date

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

E-Mail Address Area Code/Phone

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Mailing Address Permanent Address

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

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