



Disclaimer for DC Applicants

I understand and acknowledge that the admissions to the Doctor of Chiropractic Program at Life University and subsequent completion of the requirements necessary for the conferring of the degree do not necessarily guarantee eligibility for licensure in all states or provinces.

As a Doctor of Chiropractic student, I accept personal responsibility for ensuring that I have met the licensure requirements in the state(s) and/or province(s) of my choice.

Note: To obtain licensure information, please visit: www.fclb.org

Student Name (Please Print)

Student ID

Student Signature

Date

This electronic signature is your confirmation that you have read and understand the DC Disclaimer. Once you type your name and the date in the corresponding fields and upload the form to your apply.LIFE.edu account, this will be legally considered your signature.