



Application of Intent

This form serves as official notification to Logan University of a student enrolling at **Eastern Illinois University** under the articulation agreement. The appointed representative at **EIU** (noted below) will forward this form to Senior Admissions Coordinator, Robert Hartweck.

I, _____ (please print), intend to participate in the **Eastern Illinois University/Logan University** Articulation Program. I grant permission to **Dr. Gary Bulla, Professor & Chair for Department of Biological Sciences** at **EIU**, to pass on this form and to be allowed to speak with Logan representatives regarding my record and information as it relates to the terms of the agreement including (but not limited to) course preparation, academic/admissions criteria, and/or academic progress.

Upon completion of the required courses at **Eastern Illinois University**, I understand that to maintain eligibility under the agreement and to meet academic criteria for admission to Logan University's Chiropractic Program, I must earn a minimum of **90** credit hours with a 3.0 or higher GPA and with a 2.0 or higher in prerequisite science courses. Once enrolled in Logan's chiropractic program, I understand that to maintain eligibility under the agreement, I must earn a 2.0 or higher in the courses required to qualify for the **Bachelor of Science Degree in Biology** at **EIU**.

Student (Signature)

Date

**Dr. Gary Bulla, Professor & Chair for Department of Biological Sciences
Eastern Illinois University (signature)**

Date

Student's Mailing Address (please print):

Preferred Phone: _____

Preferred Email: _____