

Statement for Anticipated Graduation Date for Sr. Students

To Be Completed and Certified by College Dean or Registrar

TO THE BOARD OF CHIROPRACTIC EXAMINERS STATE OF OKLAHOMA:

This is to certify that _____ enrolled at this college on
_____ and on, or about _____ will
complete the requirements of our Four Years of Nine Months each course, leading to a Doctor of
Chiropractic Degree.

Name of Institution

By _____
College Dean or Registrar – Indicate

(Seal)