

ADDENDUM 2
(To be completed by Chiropractic College)

I hereby certify that _____, has completed the required course of
Name of Applicant

study from _____, but has not yet graduated. As
Name of Institution

a requirement of graduation, the above named student must serve a chiropractic internship for a period of not less than
_____ months. Pending successful completion of that internship, the applicant is on schedule to graduate on

_____.
Date of Graduation

(Official Institution seal)

Signature of Registrar

Printed Name of Registrar