

Mississippi State University
College of Veterinary Medicine
Veterinary Medical Technology Program
Application for Regular Admission

Name _____
Last First Middle Suffix

Preferred Name _____ **E-Mail** _____
(e.g. name@net.com) Preferred Method of Contact _____

Permanent Mailing Address

Address Line 1 Address Line 2 City
State Zip Parish or County Country (if not USA)
Day Telephone Night Telephone Cell Phone

Date of Birth _____ **Age Today** _____ **Gender** _____

Ethnicity / Race (Optional)

Spanish / Hispanic / Latino	White/Caucasian (Middle East incl)	Japanese/Japanese American
Mexican/Mexican American/Chicano	African American/Black	Korean/Korean American
Puerto Rican	American Indian/Alaskan Native	Pacific Islander
Cuban		Other Asian (Mid East excl)
Other Spanish/Hispanic/Latino	Tribal Affiliation	
American	Filipino/Filipino American	Other
	Chinese/Chinese American	
	East Indian	

Place of Birth _____
City State Parish or County of Birth Country (if not USA)

Are you a U.S. citizen? _____ **If no, what is the country of your citizenship?** _____

U.S. State of Residence _____ **since** _____

Immigration Status (if applicable)

Permanent Resident Refugee Non-Immigrant
Alien Registration Number _____ issued in _____ on _____
VISA Type _____

Parent/Guardian

Father is living deceased	Mother is living deceased
Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
Phone _____	Phone _____
State of Legal Residence _____	State of Legal Residence _____

No student may be admitted as a Mississippi resident unless all residence requirements are fulfilled and verified by the Office of the Registrar, Mississippi State University.

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Colleges Attended/Dates of Attendance

College Name	_____	From	_____	To	_____
College Name	_____	From	_____	To	_____
College Name	_____	From	_____	To	_____
College Name	_____	From	_____	To	_____

Animal Experience (list up to three, personal pets may be listed only once)

1. _____
Experience _____ City _____ State _____
Reference _____ Reference's Telephone Number _____
Dates From _____ To _____ Total Hours _____ Volunteered _____ Paid _____
Description of Responsibilities:

2. _____
Experience _____ City _____ State _____
Reference _____ Reference's Telephone Number _____
Dates From _____ To _____ Total Hours _____ Volunteered _____ Paid _____
Description of Responsibilities:

3. _____
Experience _____ City _____ State _____
Reference _____ Reference's Telephone Number _____
Dates From _____ To _____ Total Hours _____ Volunteered _____ Paid _____
Description of Responsibilities:

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Other Employment Experience (list the three you believe are most significant without repeating any listed under Animal Experience)

1.

Type of experience

City

State

Reference

Reference's Telephone Number

Dates From
Description of Duties

To

Total Hours

2.

Type of experience

City

State

Reference

Reference's Telephone Number

Dates From
Description of Duties

To

Total Hours

3.

Type of Experience

City

State

Reference

Reference's Telephone Number

Dates From
Description of Duties

To

Total Hours

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Extracurricular and Community Activities (list the three you consider the most significant)

Type of Activity	Dates From	To
Description of Activity		

Type of Activity	Dates From	To
Description of Activity		

Type of Activity	Dates From	To
Description of Activity		

Honors and Awards (list the three you consider the most significant)

Honor/Award	Date Received
Description of Honor/Award	

Honor/Award	Date Received
Description of Honor/Award	

Honor/Award	Date Received
Description of Honor/Award	

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Personal Statement

Your personal statement should include but not be limited to your veterinary medical technology career. You should also address what you consider your strongest character trait and how this trait has helped you and will continue to help you succeed while in college. The length of your personal statement should be at least one-half page but will be limited to no more than one single spaced page.

Explanation Statement (please refer to your instructions for completion)

Confidential Evaluators (please list the names of the individuals who will submit evaluations on your behalf)

Were you ever the recipient of any action (e.g. dismissal, disqualification, suspension, etc.) by any school for unacceptable academic performance or conduct violations? **Yes** **No**
If yes, provide a brief explanation.

Have you ever pled nolo contendere (no contest) or been convicted of either a felony or a misdemeanor, other than a minor traffic violation? **Yes** **No**
If yes, provide a brief explanation.

Signature

With your signature, you verify that the information contained in this application is complete and accurate.

Date of Submission

Deadline

Your application, three confidential evaluations, and official copies of transcripts of all college work must be received by March 1.

IF YOU ARE NOT CURRENTLY A STUDENT IN GOOD STANDING AT MISSISSIPPI STATE UNIVERSITY, THIS APPLICATION IS SUPPLEMENTAL TO THE MISSISSIPPI STATE UNIVERSITY APPLICATION FOR ADMISSION. FINAL ACCEPTANCE OF ADMISSION INTO THE VETERINARY MEDICAL TECHNOLOGY PROGRAM IS CONTINGENT UPON ACCEPTANCE TO MISSISSIPPI STATE UNIVERSITY.

You may hand deliver your application to the College of Veterinary Medicine, room R1011, or it may be delivered by one of the two methods listed below.

UPS, FedEx and other ground shipping

Veterinary Medical Technology Program
Mississippi State University
College of Veterinary Medicine
Mrs. Karen Cook, R1011
240 Wise Center Drive
Mississippi State, MS 39762

U. S. Postal Service

Veterinary Medical Technology Program
Mississippi State University
College of Veterinary Medicine
Mrs. Karen Cook, R1011
P. O. Box 6100
Mississippi State, MS 39762-6100