

Mississippi State University  
College of Veterinary Medicine  
Veterinary Medical Technology  
Application for Pre-Admission

Name \_\_\_\_\_  
Last First Middle Suffix

Preferred Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
(e.g. [name@net.com](mailto: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 American	Tribal Affiliation	Other
	Filipino/Filipino American	
	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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**High Schools Attended**

High School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
High School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
High School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
High School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Colleges Attended** (if applicable)

College Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
College Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**When will (did) you graduate from high school?** \_\_\_\_\_

**ACT/SAT Testing**

ACT Composite Score \_\_\_\_\_ The most recent date on which I took the ACT \_\_\_\_\_  
SAT Composite Score \_\_\_\_\_ The most recent date on which I took the SAT \_\_\_\_\_

**Veterinary/Scientific Experience** (list up to three)

1. \_\_\_\_\_  
Name of Veterinarian/Scientist and Facility Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Volunteered \_\_\_\_\_ Paid  
Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Hours \_\_\_\_\_  
Description of Duties \_\_\_\_\_

2. \_\_\_\_\_  
Name of Veterinarian/Scientist and Facility Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Volunteered \_\_\_\_\_ Paid  
Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Hours \_\_\_\_\_  
Description of Duties \_\_\_\_\_

3. \_\_\_\_\_  
Name of Veterinarian/Scientist and Facility Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Volunteered \_\_\_\_\_ Paid  
Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Hours \_\_\_\_\_  
Description of Duties \_\_\_\_\_

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**Other Employment Experience** (list up to three experiences which you believe are significant without repeating any listed under Veterinary/Scientific Experience)

1. \_\_\_\_\_  
Type of experience \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Hours \_\_\_\_\_  
Description of Duties \_\_\_\_\_

  

2. \_\_\_\_\_  
Type of experience \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Hours \_\_\_\_\_  
Description of Duties \_\_\_\_\_

  

3. \_\_\_\_\_  
Type of Experience \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Hours \_\_\_\_\_  
Description of Duties \_\_\_\_\_

**Animal Experience** (list up to three animal experiences which you believe are significant without repeating any listed under Veterinary/Scientific Experience or Other Employment Experience)

1. \_\_\_\_\_  
Type of experience \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Hours \_\_\_\_\_  
Description of Duties \_\_\_\_\_

  

2. \_\_\_\_\_  
Type of experience \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Hours \_\_\_\_\_  
Description of Duties \_\_\_\_\_

  

3. \_\_\_\_\_  
Type of Experience \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Hours \_\_\_\_\_  
Description of Duties \_\_\_\_\_

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**Honors and Awards** (list up to six honors and awards which you consider 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	

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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**Extracurricular and Community Activities** (list up to three extracurricular or community activities which you consider significant)

Type of Activity Description of Activity	Dates From	To
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Type of Activity Description of Activity	Dates From	To
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Type of Activity Description of Activity	Dates From	To
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**Personal Statement**

Your personal statement should include but not be limited to your goals for college and your veterinary medical technology career. You should also address what you consider your strongest character trait and how this trait will help you succeed during your college years. The length of your personal statement should be no less than one-half page but limited to no more than one page.

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**Explanation Statement** (please refer to your instructions for completion)

**Confidential Evaluations** (Please list the names of the individuals who will submit confidential evaluations on your behalf.)

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The confidential evaluation form to be completed is available @ [http://www.cvm.msstate.edu/admissions/VMTapplication\\_confidential\\_evaluation\\_081909.pdf](http://www.cvm.msstate.edu/admissions/VMTapplication_confidential_evaluation_081909.pdf) . You are required to have confidential evaluations from:

- An individual that can attest to your talents, skills, and abilities with animals (references from a clinical, research, or farm environment are encouraged),
- An individual that can attest to your academic talent, and
- An individual of your choosing.

**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.

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### **Veterinary Medical Technology Degree Information**

The program has two phases:

- The pre-requisite phase consists of the freshman and/or sophomore years of college. The curriculum consists of the university core curriculum required for a bachelor's degree plus additional specific science and other listed courses.
- The technology phase consists of pre-clinical courses and labs during the junior year and clinical rotations during the senior year.

Applicants accepted into the pre-admission program must maintain a GPA of at least 2.5 with no grade less than "C" in any prerequisite course and complete no less than 18 semester hours each semester. If the pre-admitted student fails to meet these requirements, the student will lose their pre-admitted status. The dismissed student may apply through the normal application process to the junior year of the program. Applicants accepted into the pre-admission program are encouraged to enroll in an additional course (in addition to the prerequisite course) each semester in an area of their interest. This allows students to be in progress toward a different degree program should the need arise. Related programs include:

- Animal and Dairy Science
- Biological Science
- Food Science Technology
- Wildlife and Fisheries Management
- Poultry Science
- Pre Veterinary Curriculum

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### **Signature**

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

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### **Date of Submission**

**No deadline date. Applications are due based on acceptance criteria (senior in high school, freshman in college with less than 18 hours.)**

THIS APPLICATION IS SUPPLEMENTAL TO THE MISSISSIPPI STATE UNIVERSITY APPLICATION FOR ADMISSION ( <http://www.admissions.msstate.edu/> ). FINAL ACCEPTANCE OF PRE-ADMISSION INTO THE VETERINARY MEDICAL TECHNOLOGY PROGRAM IS CONTINGENT UPON ACCEPTANCE INTO MISSISSIPPI STATE UNIVERSITY.

**Your entire application packet (in one envelope) is to be delivered by one of the two methods listed below. To be complete, your application packet must contain:**

Your completed application, and

An official copy of your high school transcript(s) and, if applicable, college transcript(s).

### **UPS, FedEx and other ground shipping**

Veterinary Medical Technology Program  
Mississippi State University  
College of Veterinary Medicine  
Mrs. Karen Cook, L4025  
240 Wise Center Drive  
Starkville, MS 39759

### **U. S. Postal Service**

Veterinary Medical Technology Program  
Mississippi State University  
College of Veterinary Medicine  
Mrs. Karen Cook, L4025  
P. O. Box 6100  
Mississippi State, MS 39762-6100