



MISSISSIPPI STATE UNIVERSITY™
COLLEGE OF VETERINARY MEDICINE
Veterinary Medical Technology

Application for Regular Admission to the VMT Program

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** _____ **Sex** _____ (Optional)

Ethnicity / Race- Circle One (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 _____

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Parent/Guardian Information

Father is ____ living ____ deceased

Name _____

Address _____

Phone _____

State of Legal Residence _____

Mother is ____ living ____ deceased

Name _____

Address _____

Phone _____

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.

High Schools Attended

High School Name _____ City _____ State _____

High School Name _____ City _____ State _____

High School Name _____ City _____ State _____

High School Name _____ City _____ State _____

When will (did) you graduate from high school? _____

Colleges Attended (if applicable)

College Name _____ City _____ State _____

College Name _____ City _____ State _____

Please list any degrees or certificates awarded:

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 _____

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Veterinary/Scientific Experience (list up to three)

1. _____
Name of Veterinarian/Scientist and Facility Name City State

Dates From To Total Hours _____ Volunteered _____ Paid
Description of Duties

2. _____
Name of Veterinarian/Scientist and Facility Name City State

Dates From To Total Hours _____ Volunteered _____ Paid
Description of Duties

3. _____
Name of Veterinarian/Scientist and Facility Name City State

Dates From To Total Hours _____ Volunteered _____ Paid
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 _____

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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)

1. _____
Honor/Award
Description of Honor/Award

_____ Date Received

2. _____
Honor/Award
Description of Honor/Award

_____ Date Received

3. _____
Honor/Award
Description of Honor/Award

_____ Date Received

4. _____
Honor/Award
Description of Honor/Award

_____ Date Received

5. _____
Honor/Award
Description of Honor/Award

_____ Date Received

6. _____
Honor/Award
Description of Honor/Award

_____ Date Received

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

1. _____ Type of Activity Description of Activity	_____ Dates From	_____ To
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2. _____ Type of Activity Description of Activity	_____ Dates From	_____ To
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3. _____ 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. Please explain what led you to desire a career in veterinary medical technology, why you would be an ideal candidate, and what you plan to do with your degree upon graduation. 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) Please do not include personal medical information in this section. If there are no adverse circumstances to explain, this section should be left blank.

Background Questions

1. 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.

2. 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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Confidential Evaluations (Please list the names of the individuals who will submit confidential evaluations on your behalf. These should not be family members, significant others, personal/family friends.)

The confidential evaluation form to be completed is available on the [VMTP Website](#). Click APPLYING TO THE PROGRAM at the top of the page, then click on the Confidential Evaluation Form. 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.

Signature

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

Date of Submission

Application must be complete and received by the application deadline . Any applications received after the deadline will not be considered for this application cycle.

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 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:

1. Your completed application
2. Official copies of all your college transcripts through the fall semester prior to application date
3. Your 3 sealed Evaluations and Letters of Recommendation

UPS, FedEx and other ground shipping

Veterinary Medical Technology Program
Ms. Mandi Yates, L4025
College of Veterinary Medicine
240 Wise Center Drive
Mississippi State, MS 39762

U. S. Postal Service

Veterinary Medical Technology Program
Ms. Mandi Yates, L4025
College of Veterinary Medicine
P. O. Box 6100
Mississippi State, MS 39762-6100

Alternate Submission Method

The entire application and letters of recommendation can be hand-delivered to the VMT office as long as all documents are in a single envelope

