

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

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

**Preferred Name** \_\_\_\_\_ **E-Mail** \_\_\_\_\_ Preferred Method of Contact \_\_\_\_\_  
(e.g. [name@net.com](mailto:name@net.com))

**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.*

MSU-CVM VMTP Application for Admission to the Junior Year

**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:

MSU-CVM VMTP Application for Admission to the Junior Year

**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 \_\_\_\_\_ To \_\_\_\_\_ Total Hours \_\_\_\_\_  
Description of Duties \_\_\_\_\_

2. \_\_\_\_\_  
Type of experience \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_  
Reference \_\_\_\_\_ Reference's Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Hours \_\_\_\_\_  
Description of Duties \_\_\_\_\_

3. \_\_\_\_\_  
Type of Experience \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_  
Reference \_\_\_\_\_ Reference's Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Hours \_\_\_\_\_  
Description of Duties \_\_\_\_\_

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

Type of Activity Description of Activity	Dates From	To
---------------------------------------------	------------	----

Type of Activity Description of Activity	Dates From	To
---------------------------------------------	------------	----

Type of Activity Description of Activity	Dates From	To
---------------------------------------------	------------	----

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

Honor/Award Description of Honor/Award	Date Received
-------------------------------------------	---------------

Honor/Award Description of Honor/Award	Date Received
-------------------------------------------	---------------

Honor/Award Description of Honor/Award	Date Received
-------------------------------------------	---------------

## MSU-CVM VMTP Application for Admission to the Junior Year

### **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