



**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** \_\_\_\_\_ **Gender** \_\_\_\_\_

**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 \_\_\_\_\_

2. \_\_\_\_\_  
Type of Activity \_\_\_\_\_  
Description of Activity \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_

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.)

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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.

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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**

**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

