CHECK-LIST OF REQUIRED ITEMS

Application for Transfer Students

- 1. "Application for Admission by Transfer"
- 2. "Official Transcripts of All College Courses" *
- 3. "Official Transcripts of All Courses Taken at Veterinary School(s)" *
- 4. "Graduate Record Examination Scores": General GRE Test. Must have been taken within FOUR years prior to application.
- 5. "<u>Test of English as a Foreign Language</u>" score of 550 or above. (When native language is other than English)
- 6. "Letters of Evaluation": THREE required. One from the Academic Dean, one from a faculty member of your present school, and one from a veterinarian who has employed you.
- 7. **\$100 non-refundable processing fee.** Make checks payable to OSU-CVHS.
- 8. **All application materials must be mailed in one envelope** to the address below:

Oklahoma State University
Attn: Robin Wilson
Center for Veterinary Health Sciences
112 McElroy Hall
Stillwater, OK 74078

If these transcripts are in a foreign language, please have them translated. You are advised to contract a company in the United States (e.g., World Education Services, P. O. Box 745, Old Chelsea Station, New York, NY 10113-0745) that will make comparison of courses and grades to those of U.S. schools.

CENTER FOR VETERINARY HEALTH SCIENCES OKLAHOMA STATE UNIVERSITY

APPLICATION FOR ADMISSION BY TRANSFER

1. Full Legal Name				
2. Previous Last Name				
3. Gender	4. Social Security Number			
5. Mailing Address & Phone Number (Street, Box, Route, Apt #) (City, State, Zip) (Area Code/Tel Number)				
6. Permanent Mailing Address & Phone Number (Street, Box, Route, Apt #) (City, State, Zip) (Area Code/Tel Number)				
7. Cell Phone Number				
8. Email Address				
9. I am a resident of:			(Name of State)	
10. I am a citizen of:			(Name of Country)	
*Correspondence pertainir Admissions Office of any ch	ng to your application will be sent here. The app nange of address.	olicant is respons	ible for notifying the	
	ools which you have applied to and the year(s) , please print on separate sheet)	of application.		
School(s)		Year(s) of Application		
			_	

10. Have you ever been dismissed by any professional school (including veterinary school)?						
11. Have you ever been convicted of possession, use, or distribution of controlled drugs?						
12. Have you ever been convicted of either a felony or misdemeanor other than a minor traffic violation?						
	by any school authorities or b s, functions, or programs of ar			or interfe	red with the	
If you replied "Yes" to 9), 10, 11, or 12, please give de	tails on a separate	sheet of pap	er.		
	EDU	CATION				
Preparatory or High School		City/State			Year of Graduation	
List in chronological or	der all colleges/universities a	ttended and attac	:h English lan	guage tra	anscripts fro	m each
College/University		Dates Term & Year	Degre (BS, BA, M	 		
•	he General Graduate Record I been within four years of the o			recent so	cores of these	e
Date	Date Date		Date		Date	

In a one-paragraph statem	ent, please state yo	ur reason(s) for wishing to transfer to Oklahoma State University.
		your present school, and one veterinarian who has employed you lean of Academic Affairs, College of Veterinary Medicine, Oklahoma
	v	VORK EXPERIENCE
Dates of Employment From to	Approx. Hours Worked per Week	Name & Address of Employer & Brief Description of Type of Work Responsibilities
and correct, to the best of meaning have access to the record of college/university in which	ny knowledge. I fur fany disciplinary ac I have been or am r ny application will b	the information contained in all pages of this application is true ther grant permission to the Professional Standards Committee to tion or other pertinent information contained in my file at each now enrolled. I understand that withholding or misrepresenting any se considered adequate grounds for denying me admission to or n veterinary medicine.
Signature of Applicant		Date

federal agencies as well as to the American Veterinary Medical Association and the Association of American Veterinary Medical Colleges. The information is voluntary and will in no way affect your application for admission. Predominant Ethnic Identity: (Check only one) White/Caucasian Asian or Pacific Islander Black (Afro American, Non-Hispanic) ☐ American Indian/Alaskan Hispanic Date of Birth (MO/DAY/YEAR): Birthplace City/State: Father/Guardian Mother/Guardian Name Name Living: Living: Street, Route, or Street, Route, or **Box Number Box Number** City City State State Zip Zip Present Present Occupation Occupation Former Former

This sheet has been designed answer college information needed for statistical reporting to various state and

Oklahoma State University, in compliance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972 (Higher Education Act), does not discriminate on the basis of race, color, national origin, sex, qualified handicap or disability in any of its policies, practices, or procedures. This provision includes but is not limited to admissions, employment, financial aid, and education services.

Occupation, if

retired or deceased

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