**ICY Information** 

Type or complete the items neatly with a dark pen.

### PERSONAL INFORMATION

First	Middle	
	PHONE #: Day:	
	Evening:	
	Address	
Month/Year		
	Month/Year	PHONE #: Day: Evening: Address

## LIST ALL POST SECONDARY SCHOOLS ATTENDED STARTING WITH MOST RECENT/CURRENT AND BE CERTAIN THAT WE RECEIVE AN OFFICIAL TRANSCRIPT FROM EACH SCHOOL LISTED.

School Name	Fro	om:	To:		Course of Study/Major	Date Degree Granted		
	Month	Year	Month	Year		Month	Year	
a.								
b.								
с.								
d.								

1

#### **VETERINARY WORK EXPERIENCE IN PAY STATUS IN THE UNITED STATES OR CANADA** List most recent experience first.

Name of Employer	City	State	Description of Duties	Fro		То		Total Number
				Month	Year	Month	Year	Hours per Week
a.								
b.								
c.								
d.								
е.								
f.								

Use this space only for additional explanation of veterinary experience.

# NON-PAID/VOLUNTEER WORK EXPERIENCE IN THE UNITED STATES OR CANADA

Start with your most recent job. Do not include an experience listed previously.

Name of Employer	City	State	Description of Duties	Fro Month	To: Month	Total Number Hours per Week
a.						
b.						
с.						
d.						
е.						
f.						

# PUBLICATIONS, RESEARCH, OR OTHER RELATED EXPERIENCE:

2

\_\_\_\_\_

EVALUATION INFORMATION: List the names of the three evaluators you have asked to send a reference letter. We prefer to receive reference letters from licensed veterinarians that have graduated from AVMA accredited Colleges of Veterinary Medicine. We understand that in certain cases, candidates will not have those types of contacts.

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Were you ever the recipient of any action (e.g. dismissal, disqualification, suspension, etc.) by any college or university for: unacceptable academic performance or conduct violations?  $\Box$  Yes  $\Box$  No If yes, provide a full explanation on a separate sheet of paper.

Have you ever pled no contest or been convicted of either a felony of a misdemeanor, other than a minor traffic violation? If yes, provide a full explanation on a separate sheet of paper.  $\Box$  Yes  $\Box$  No

Primary language spoken in your home:

I certify that the information provided in this application is true and correct. I understand that if I am selected to participate in the program and any part of this application is found to be untrue, I will be immediately removed from the ICY Program at Kansas State University College of Veterinary Medicine.

In addition, I understand that I am responsible for the payment of all fees associated with this program.

Applicant Signature

Date

Kansas State University is committed to nondiscrimination on the basis of race, sex, national origin, disability, religion, age, sexual orientation, or other non-merit reasons, in admissions, educational programs or activities and employment (including employment of disabled veterans and veterans of the Vietnam era), as required by applicable laws and regulations. Responsibility for coordination of compliance efforts and receipt of inquiries concerning Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans With Disabilities Act of 1990, has been delegated to Clyde Howard, Director of Affirmative Action, Kansas State University, 214 Anderson Hall, Manhattan, KS 66506-0124, (785) 532-6220.