Kansas State University
Department of Clinical Sciences
111B Mosier Hall
Manhattan, KS 66506

PERSONAL INFORMATION

PAVE Information

Type or complete the items neatly with a dark pen.

NAME:	Family			
I	Family	First	Mid	ldle
SOCIAL SECURITY	NUMBER:			
EMAIL ADDRESS:			PHONE #: Day:	
-			Evening:	
NEAREST RELATIV	/E:		-	
	Name		Address	
()				
Phone	e Number			
CURRENT MAILIN	NG ADDRESS since			
		Month/Year		
NUMBER AND STR	EET.			
ADDRESS LINE 2:				
EDDRESS BINE 2				
City	State		Zip	Country (if not USA)

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	From:		То:		Course of Study/Major	Date Degree Granted	
	Month	Year	Month	Year		Month	Year
a.							
b.							
c.							
d.							

<u>VETERINARY WORK EXPERIENCE IN PAY STATUS IN THE UNITED STATES OR CANADA</u> List most recent experience first.

Name of Employer	City	State	Description of Duties	From:		To:		Total Number
				Month	Year	Month	Year	Hours per Week
a.								
b.								
c.								
d.								
e.								
f.								
Tarabia ana ana anta 6 anta	4:11			<u>'</u>				
Use this space only for addi	tionai explai	iation of v	eterinary experience.					

Name of Employer	City State	State	Description of Duties	From: Month Year		To: Month Year		Total Number Hours per Week
a.								week
b.								
c.								
d.								
e.								
f.								

	ters from licensed veterinarians that have grad		•	eterinary
	and that in certain cases, candidates will not h	ave those types of	of contacts.	
A				
В. —				
C				
Were you ever the reci	pient of any action (e.g. dismissal, disqualific	ation suspension	etc) by any college or univ	versity
for: unacceptable acade	emic performance or conduct violations? eplanation on a separate sheet of paper.	□ Yes		cisity
	contest or been convicted of either a felony of a separate sheet of paper.	f a misdemeanor, □ Yes	, other than a minor traffic vi □ No	iolation?
Primary language spok	en in your home:			
I certify that the inform	nation provided in this application is true and	correct. I underst	tand that if I am selected to p	participate in
	art of this application is found to be untrue, I very College of Veterinary Medicine.	will be immediate	ely removed from the PAVE	Program at
In addition, I understan	nd that I am responsible for the payment of all	fees associated v	vith this program.	
Applicant Signature	 Date			

EVALUATION INFORMATION: List the names of the three evaluators you have asked to send a reference letter. We prefer

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.