

Type or complete the items neatly with a dark pen. Please use the same name as your passport.

PERSONAL INFORMATION

NAME: _____
Family First Middle

CURRENT ADDRESS: _____

FOREIGN ADDRESS: _____

GENDER: Male Female

ETHNICITY:

- Hispanic American
- Japanese/Japanese American
- Mexican/Mexican American/Chicano
- Korean/Korean American
- Other Latino/Spanish American
- Pacific Islander (Micronesian, Polynesian)
- Other (please specify): _____
- Other Asian (not including Middle Eastern)
- Filipino/Filipino American
- American Indian/Alaskan Native
- Chinese/Chinese American
- East Indian
- White/Caucasian (including Middle Eastern)
- African American/Black

EMAIL ADDRESS: _____

PHONE #: _____

RESIDENCY AND CITIZENSHIP INFORMATION

DATE OF BIRTH _____
m/dd/yy

PLACE OF BIRTH:

City State Country (if not USA)

WHAT IS YOUR COUNTRY OF CITIZENSHIP? _____
(if USA, leave blank)

What is your U.S. State of Legal Residence? _____

When did your residency in this state begin? _____
m/dd/yy

How long have you lived in this state? # years: _____ # months: _____

IF YOU ARE A PERMANENT RESIDENT OF THE U.S.:

What is your alien registration number? _____

Where was it issued? _____

When was it issued? _____
m/dd/yy

IF NOT A U.S. CITIZEN, WHAT IS YOUR STATUS?

- Immigrant/Permanent U.S. Resident Refugee Non-Immigrant

IF YOU ARE A NON-IMMIGRANT, WHAT IS YOUR VISA STATUS?

VISA type held, applied for, or planned _____

CURRENT STATUS OR IN THE LAST TWO YEARS (Check all boxes that apply)

- | | |
|---|--|
| <input type="checkbox"/> Employed in veterinary hospital | <input type="checkbox"/> Work outside of veterinary profession |
| <input type="checkbox"/> Employed as licensed veterinary technician | <input type="checkbox"/> Student |
| <input type="checkbox"/> Volunteer in veterinary hospital | <input type="checkbox"/> Other: _____ |

TEST SCORES

NAVLE

NAVLE Score _____ Dates NAVLE taken _____
How many times did you take the NAVLE? _____

PAVE

PAVE Score _____ Dates PAVE taken _____
How many times did you take the PAVE exam? _____

TOEFL

Total Score: _____ Listening Comprehension Score: _____

TSE

Total Score: _____
Pronunciation: _____
Grammar _____
Fluency _____

TWE

Total Score _____

IELTS

Total Score _____

•English competency can be assessed by department personnel if tests are not available.

CERTIFICATION, AUTHORIZATION, AND SIGNATURE

I have read all the material received with this application, including the instructions, and I certify that the information provided is complete and accurate, to the best of my knowledge. I understand that all information in my application will be available to all members of the Admissions Committee. I grant permission to the Faculty to receive, and verify any and all information pertinent to my application.

Signature of Applicant

Date of Application

For office use only:

Candidate has adequate spoken English language competency as assessed by department personnel.

Department Personnel Signature

Date