

Dates From	To	Name of School	City and State	Diploma Received

***PLEASE ATTACH COPIES OF:**

ALL TRANSCRIPTS

ACT or SAT Scores

(If you took the ACT while in High School, your score should be on your HS transcript)

THIS IS NOT OPTIONAL

Employment: List all work experience in animal related fields.

Dates From	To	Position Held	#Hours work/week	Employer	Address, City, State, Zip, Phone

Have you ever previously applied to or attended a Veterinary Technology program?

Yes _____ No _____

Name of School: _____ City/State: _____

Date entered: _____ Date and reason for leaving: _____

PRECEPTORSHIP AGREEMENT
PLEASE READ CAREFULLY

I understand that, if selected, I will be required to participate in a Department approved preceptorship under the direction and supervision of a licensed veterinarian. I further understand that I will be required, upon notification by the Veterinary Technology Department, to be tested for tuberculosis (TB) and vaccinated against rabies, both at my own expense.

Date

Veterinary Technology Applicant Signature

I hereby affirm that all the information on this form is complete and accurate to the best of my knowledge. I understand that giving false information may make me ineligible for admission and enrollment in the Veterinary Technology program.

Signed: _____

Date: _____

APPLICATION CHECKLIST

Please be sure you have included all of the following

- Completed Application
- College Transcripts (if applicable)
- ACT or SAT Scores
- Application for Admission to OSU/OKC
- Signatures on this Page