

7. Parent/Guardian:

<u>Name</u>	<u>Living?</u>		<u>Occupation</u>	<u>City, State of Residence</u>	<u>Highest level of Education</u>
Father: _____	Yes	No	_____	_____, ____	_____
Mother: _____	Yes	No	_____	_____, ____	_____
Guardian: _____	Yes	No	_____	_____, ____	_____

***8. Has your education been interrupted at any point?**

No Yes; if yes, please list with detail your activities during the intervening year(s).

***9. Have you have been suspended or dismissed from a collegiate institution?**

No Yes; if yes, please explain.

***10. Have you ever been accepted to or enrolled in a DVM program other than Western University of Health Sciences?**

No Yes; if yes, indicate year, name of program and reasons for leaving that program.

***11. Have you ever been licensed or registered as a professional?**

No Yes; if yes, indicate professional licensure and/or registration.

***12. Has any licensing or regulatory board or authority ever imposed conditions upon or otherwise restricted your ability to practice in a profession?**

No Yes; if yes, explain.

13. Have you previously submitted an academic worksheet to Western University for review?

No Yes

***14. Have you ever been convicted of a felony or a crime of moral turpitude or do you have pending any misdemeanor or felony charges (excluding parking violations)?**

No Yes; if yes, please explain.

***15. How many years of academic preparation will you have completed by August 2010? _____ years
(NOTE: This should not include years in high school)**

***16. Career Goals: What area of veterinary medicine do you foresee yourself entering *at this point*? Identify the top three areas ranking them in order of interest (1 = highest interest).**

- | | |
|----------------|----------------------------------|
| Small animal | Public Health/Service |
| Equine/camelid | Research/lab animal |
| Food animal | Other (Please specify): |
| Exotic Pets | |
| Wildlife/Zoo | |

***17. Animal Experience: What types of animals have you had *hands-on* experience with? Estimate the percentage of total animal experience represented in each category. Personal animal ownership should **NOT** be included in this area of animal experience. Note: Total should equal 100%.**

<u>Percentage</u>	<u>Types of Experience</u>
_____	Small Animal (Cat/Dog)/Shelter Medicine
_____	Equine/Camelid
_____	Food Animal
_____	Exotic
_____	Wildlife/Zoo
_____	Lab Animal
_____	Other (Please specify):
100%	Total

***18. Veterinary Experience: What areas of the veterinary profession have you experienced in an employment or volunteer setting? Estimate the percentage of total veterinary experience represented in each category. Personal animal ownership should **NOT** be included in this area of veterinary experience unless it involved a business venture (i.e. food animal production, dog breeding facility, brood mare stables, competition or show animals, etc.). Note: Total should equal 100%.**

<u>Percentage</u>	<u>Veterinary Experience</u>
_____	Private Practice
_____	Corporate Practice
_____	Specialty Practice or referral center
_____	Academia/teaching hospital
_____	Industry
_____	Research (any professional setting)
_____	Consultant
_____	Government/military
_____	Non-profit/association/Animal Shelters
_____	Other (Please specify):
100%	Total

***19. Please list pre-requisite coursework¹ (completed, in progress, and planned).**

Please read the following:

- Fill in rows that apply to the specific courses you have taken or will take to satisfy the pre-requisites.
- Specify a different course for each Required Course category.
- If the course is currently being/will be taken, indicate "IP" in the Grade column.
- The number of courses you took in the "series" course categories (i.e. Physics) may vary, and some may have integrated laboratories. Fill in rows and specify courses with laboratories as appropriate.
- Complete this table using Dept code and Course # identical to transcript designations.
- All prerequisite courses must be completed with a grade of C (or equivalent) or higher prior to matriculation. **A grade of C- or lower is not acceptable.**
- Courses noted with a ³ must have been completed after August 1, 2002.
- All except two of the courses noted with a ⁵ must be completed by the end of Fall 2009.

Required Courses	Name of Institution	Dept code	Course Number	Complete Course Title	Term/Year	Units (Number & Type)	Grade (or IP)
Example:	Freeway University	CHE	101	General Chemistry	F00	4Q	A-
Organic Chemistry (Lab included Yes No)							
Organic Chemistry Lab (Only if lab <u>not</u> incl above)							
Biochemistry or Physiological Chemistry ^{2,3}							
Upper-Division Biological & Life Science ^{3,4,5} (Lab included Yes No)							
Upper-Division Biological & Life Science ^{3,4,5} (Lab included Yes No)							
Upper-Division Biological & Life Science ^{3,4,5} (Lab included Yes No)							
Upper Division Biological & Life Science Lab ^{3,5} (Only if lab <u>not</u> incl above)							
Microbiology ^{3,5}							
Physiology ^{3,5}							
Genetics or Molecular Biology ^{3,5}							
General Physics (Lab included Yes No)							
General Physics (Lab included Yes No)							
General Physics Lab (Only if lab <u>not</u> incl above)							
General Physics Lab (Only if lab <u>not</u> incl above)							

Required Courses	Name of Institution (Do not abbreviate)	Dept code	Course Number	Complete Course Title	Term/ Year	Units (Number & Type)	Grade (or IP)
Statistics or Calculus ²							
English Composition I							
English Composition II							
Public Speaking or Small Group Communication							
Psychology or Sociology							
Humanities/Social Sciences I							
Humanities/Social Sciences II							
Humanities/Social Sciences III							

¹ All courses must be completed at an accredited college or university in the U.S. OR coursework completed outside the U.S. (including Canada) must be evaluated by; Joseph Silny and Associates (305-666-0233); World Education Services (212-966-6311); Educational Credential Evaluators (414-289-3400); or International Educational Research Foundation (310-390-6276) to be considered. All courses must be completed with a grade of "C" or higher ("C-" or lower is not acceptable). One course cannot be used to satisfy more than one prerequisite.

² Must be a course designed or specified for science majors.

³ These required courses must have been completed no more than 8 years prior to the date of matriculation at WesternU-CVM. Classes taken after August 1, 2002 will be considered within the 8 year time limit and may be applied toward the prerequisites for the class entering Fall 2010.

⁴ While not specifically required, courses in anatomy, physiology and embryology are strongly encouraged.

⁵ All except two of these courses must be completed by the end of the Fall term immediately prior to matriculation at WesternU-CVM.

Important Notice to the Applicant:

You must inform the admissions office via e-mail, of any changes to the work in progress listed above.

APPLICATION DEADLINES:

All application materials and official transcripts must be postmarked on or before **October 15, 2009**.

Please submit materials early to avoid mailing or other delays.

CERTIFICATION

I certify that all responses to the questions and any information given herein are my own and true. For the purpose of determining admission, I hereby consent to and authorize any educational institution I have attended to release any academic and/or disciplinary information to Western University of Health Sciences. I understand that falsification of information by any means, including omission, may result in immediate rejection of my application or revocation of my matriculation privileges.

* _____
Applicant signature

* _____ - _____ - _____
Social Security Number

_____ Date

Western University of Health Sciences complies with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and Sections 102 and 302 of the Americans With Disabilities Act of 1990. Western University of Health Sciences does not discriminate on the basis of race, color, national origin, religion, handicap, or sexual orientation in any of our policies, procedures, or practices.

WESTERN UNIVERSITY OF HEALTH SCIENCES

ATTN: CVM ADMISSIONS

309 E. Second Street • Pomona, CA 91766-1854

Admissions Contact Number: (909) 469-5335