

PRE-VETERINARY MEDICAL SCHOLARS PROGRAM
INSTRUCTIONS FOR APPLICANTS – Please do not double side or staple pages

Current High School Seniors

1. Achieve a composite score of 30 on the American College Test (ACT) or an equivalent score on the Scholastic Aptitude Test (SAT). Copy of scores must be sent from High School with transcript or copy of sent directly to the Veterinary School. (Super-scores accepted)
2. Complete the enclosed Application.
3. Fill out the top line and the bottom portion of the Guidance Counselor Report and give it to your counselor for completion. An official copy of your transcript of high-school work completed, through the fall of your senior year, must be attached to this report from your counselor.
4. Fill out the top line and the bottom portion of each of the Admission Evaluation Forms. Two forms should be completed by your teachers, at least one of who is a science teacher. If you have had the opportunity to work/shadow/volunteer with a veterinarian, an evaluation from them is recommended (three evaluations, in addition to the Guidance Counselors Report, must be submitted to complete the application).

Additional evaluations will not be accepted.

5. Complete an application for admission to the undergraduate program at the University of Missouri. (Failure to complete this application makes you ineligible for the PVM).
6. It is suggested that you give your counselor and each of your evaluators a return envelope that has already been stamped and addressed to The University of Missouri, College of Vet Med - W203 Vet. Med. Bldg., Columbia, MO 65211 or scan and attach to an email to Vetadmissions@missouri.edu
7. **Applications must be received in our office by March 15 of your senior year or September 15 as MU Freshman.** (Early submissions receives no advantage)

Current University of Missouri Freshmen (1st semester freshman follow HS instructions above)

1. Achieve a composite score of 30 on the American College Test (ACT) or an equivalent score on the Scholastic Aptitude Test (SAT). Copy of scores must be sent from High School with transcript or copy of sent directly to the Veterinary School. (Super scores accepted)
2. Complete the enclosed Application.
3. Fill out the top line and the bottom portion of the Guidance Counselor Report and give it to your counselor for completion. An official copy of your transcript of all high-school work completed must be attached to this report from your counselor.
4. Fill out the top line and bottom portion of each of the Admission Evaluation Forms. At least one form must be completed by a high-school science teacher and at least one form by an MU professor from whom you took a course this academic year and a third from a person of your choice. (If applying Sept. 15th no MU faculty is required) If you have had the opportunity to work/shadow/volunteer with a veterinarian, an evaluation from them is recommended.

5. It is suggested that you give your counselor and each of your evaluators a return envelope that has already been stamped and addressed to The University of Missouri College of Vet Med - W203 Vet. Med. Bldg., Columbia, MO 65211 or scan and attach to an email to Vetadmissions@missouri.edu.
6. After Fall grades have been posted on your MU transcript, request an official transcript to be sent to the address in #5 above. (If applying Sept 15th no fall grades are needed)
7. **The deadline for applications to be received in our office for MU freshmen is September 15 or March 15 of spring term.**

Pre-Veterinary Medicine Scholars Program
APPLICATION FOR MATRICULATION
(Must be received in our office by March 15 or September 15)

Instructions: Please print or type

Return to: University of Missouri-Columbia
W-203 Veterinary Medicine Building
Columbia, MO 65211

ACT Score _____

Name _____
Last First Middle

Permanent Address _____
Street and Number City, State, Zip

Telephone Number (_____) _____ Email address _____
Area Code Number

U.S. Citizen ____ Yes __ No Place of Birth _____ Permanent U.S. Resident ____ Yes ____ No

Father/Guardian _____

Address _____
Street and Number City, State, Zip

Telephone Number (_____) _____
Area Code Number

Mother/Guardian _____

Address _____
Street and Number City, State, Zip

Telephone Number (_____) _____
Area Code Number

List, in order, all high schools attended

Name of School	City and State	Dates of Attendance	Graduation Year

List high school courses taken that were Honors Courses _____

List high school courses for which advanced placement was received _____

Have you taken college courses while in high school? _____ Yes _____ No

If yes, indicate the institution, courses, and grades received _____

School activities _____

Work Experience

Start date	End date	Employer	Hours per week

Other activities (community, church, employment, medically-related, etc) _____

Honors received _____

Guidance counselor _____ Telephone No. _____

Additional Information Requested for MU Student

MU Address _____ Telephone No. _____

Semester Enrolled at MU _____ Student ID# _____

Courses for which advanced placement or CLEP credit was received _____

General Honors courses taken _____

Activities _____

Academic advisor _____ Telephone No. _____

Attach a typed statement in which you briefly discuss your understanding of the veterinary medical profession and your career goals and objectives (limit to one page).

Candidate signature _____ Date _____

GUIDANCE COUNSELOR REPORT – Please Do Not double side or staple pages

(Must be received in our office by March 15 for seniors or September 15 for MU Freshmen)

Candidate's Name _____
Last First Middle

Please complete both sides of this form and **attach a copy of the candidate's transcript as well as results of the student's performance on the Scholastic Aptitude Test (SAT) or American College Test (ACT) and any achievement tests.** This report is confidential and will be available only to those involved in our admission process. Supplementary transcripts of the applicant's performance in the senior year should be sent as they become available.

Counselor's Name _____ Position _____
(Please print)

School Address _____
Street address City State Zip

Telephone number (_____) _____ School's Code Number _____
Number Extension

Length of time acquainted with candidate _____

Grade point average to date is _____ based on a scale with A=_____.

The candidate's rank is _____* in a class of _____ students.

Give an approximate percentage of the candidate's graduating class that plans to attend a four-year college?

*(If no rank is available, please enclose information which allows the faculty committee to assess the candidate's academic strength in relation to fellow students.)

To be completed by the candidate (please sign A or B):

A: I hereby waive my right to see this evaluation should I matriculate at the University of Missouri.

Signature _____ Date _____

B: I decline to waive my right to see this evaluation should I matriculate at the University of Missouri.

Signature _____ Date _____

GUIDANCE COUNSELOR REPORT

Candidate's Name _____

Please write a current appraisal of the candidate's academic and personal qualities and promise as a candidate for the Pre-Veterinary Medicine Scholars program. We are particularly interested in evidence of the student's character, maturity, independence, values, and any special talent or quality that the candidate possesses. We are interested in a brief narrative that will give us added insight into the strengths and weaknesses of the candidate. (If you attach a letter of recommendation, please also provide a rating and your signature below.)

In view of this applicant's strengths and weaknesses, how well do you believe he or she is suited to the study and preparation for a professional career? (Circle the appropriate number.)

1	2	3	4	5	6
Marginal		Average			Outstanding

Signed _____

Mail this form and all requested supporting materials to: University of Missouri College of Veterinary Medicine - W203 Vet Med Building, College of Veterinary Medicine, University of Missouri, Columbia, Missouri, 65211 or scan an attach to an email to Vetadmissions@missouri.edu.

Pre-Veterinary Medicine Scholars Program
ADMISSIONS EVALUATION FORM – Please do not double side or staple pages

The person who gave you this form has applied to the University of Missouri-Columbia College of Veterinary Medicine. The applicant believes you have had sufficient contact with him/her to provide an evaluation of qualities that might relate to future performance as a veterinarian. Your evaluation should be based on comparison with other students you have known. In the space provided, please indicate the peer group with which you are comparing this applicant. It is important to complete and return this evaluation form to the Veterinary College by March 15 if a senior or September 15 if an MU freshman. If you wish, you may attach a letter of recommendation.

IN MARKING THE EVALUATION, WE ENCOURAGE YOU TO FOLLOW THESE GUIDELINES:

Rate the applicant on a scale of 1 to 5 on the lines to the left of each statement. On this scale, a 5 is the highest possible rating and should be reserved for the most outstanding individuals based upon the particular characteristic. Accordingly, a 1 is the lowest rating and should be reserved for those individuals who are seriously deficient in this quality. If you have no information or insufficient information to answer on a particular quality, put an X on the line indicating not observed.

In order for this rating system to have maximum usefulness, we ask you to guard against inflating your ratings. It is assumed that the average applicant would receive ratings of 3 or 4 on some or all of the characteristics. If your rating is low average or below (1, 2), please provide comments that would enable us to further evaluate the candidate. Where possible, expand your ratings by giving specific instances or descriptions of behavior in the space following each item. On the second page, please discuss other relevant instances or describe behavior of the applicant that led you to assign your rating. Your comments will greatly aid us in the evaluation of the applicant.

If you have any questions regarding the completion of this form, please don't hesitate to contact the Office of Admissions, at 573-884-3341. After completing this form, please return it to: University of Missouri College of Veterinary Medicine, W203 Vet Med Bldg., Columbia, MO 65211 or scan and attach to an email to Vetadmissions@missouri.edu.

Thank you for your assistance.

The Family Educational Rights and Privacy Act (The Buckley Amendment) provides that, should the applicant matriculate, he/she will be entitled to inspect all records kept by the College of Veterinary Medicine, including the evaluation forms. However, the applicant may waive the right to inspect the evaluation form by signing in the appropriate place on the form.

Tear off and discard.

THE UNIVERSITY OF MISSOURI COLLEGE OF VETERINARY MEDICINE
Pre-Veterinary Medicine Scholars Program

ADMISSION EVALUATION FORM

Candidate's Name _____

Evaluator's Name _____ Title _____

Address _____

NOTE: Please refer to the instructions for evaluators before completing the form.

With what peer group are you comparing this applicant?

Under what circumstances and during what period of time have you known this applicant?

To be completed by candidate (Please sign A or B):

A. I hereby waive my right to see this evaluation should I matriculate at the University of Missouri.

Signature Date

B. I decline to waive my right to see this evaluation should I matriculate at the University of Missouri.

Signature Date

Please feel free to add relevant comments and specific examples in the space provided following each item. If your ratings are low average or below (1, 2), your added comments will help us evaluate the applicant. Using 1 (low) to 5 (High) and an X for unable to evaluate, rank the degree to which the person...

- _____ 1. Understands the Veterinary Profession.

- _____ 2. Possesses Emotional Stability.

- _____ 3. Possesses Empathy.

- _____ 4. Demonstrates Ethics.

- _____ 5. Possesses Intellectual Ability.

- _____ 6. Interpersonal Relations.

- _____ 7. Demonstrates Good Judgment.

- _____ 8. Demonstrates Leadership.

- _____ 9. Demonstrates Good Oral Communication Skills.

- _____ 10. Demonstrates a Professional Demeanor.

- _____ 11. Reacts Well to Criticism.

_____12. Is Reliable.

_____13. Possesses Self-Awareness.

_____14. Demonstrates Good Time Management.

_____15. Demonstrates Good Written Communication Skills.

In view of this applicant's strengths and weaknesses, how well do you believe he or she is suited to the study and preparation for a professional career? (Circle the appropriate number).

1	2	3	4	5
Poor	Below Average	Average	Good	Excellent

Other specific instance, behaviors of the applicant, and summary comments are welcomed here:

Signature of Evaluator _____ Date _____

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Pre-Veterinary Medicine Scholars Program

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Candidate's Name _____

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C. I hereby waive my right to see this evaluation should I matriculate at the University of Missouri.

Signature Date

D. I decline to waive my right to see this evaluation should I matriculate at the University of Missouri.

Signature Date

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1	2	3	4	5
Poor	Below Average	Average	Good	Excellent

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Signature Date

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1	2	3	4	5
Poor	Below Average	Average	Good	Excellent

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Date: _____