

University of Missouri

AG SCHOLARS PROGRAM INSTRUCTIONS FOR APPLICANTS – Please Do Not double side or staple pages

Current High School Seniors

- 1. Achieve a composite score of 27 on the American College Test (ACT) or an equivalent score on the Scholastic Aptitude Test (SAT) and have demonstrated experience in livestock production and health. (Super scores accepted). This does not include experience with equine.
- 2. Complete the enclosed Application.
- 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 to date 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 Ag Scholars Program).
- 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)

- Achieve a composite score of 27 on the American College Test (ACT) or an equivalent score on the Scholastic Aptitude Test (SAT and have demonstrated experience in livestock production and health. (Super-scores accepted)
- 2. Complete the enclosed Application.
- 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. (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.
- 8. Completed application files will be reviewed by a screening committee and applicants will be notified of decisions in a timely manner.

Ag Scholars Program APPLICATION FOR MATRICULATION (Must be received in our office by March 15 or September 15)

Instructions: Please print with black/blue pen or type – (DO NOT double side or staple)

leturn to:	University of MO - W-203 Veterinary Columbia, MO 652		y Medicine	ACT Score		
lame	Last		First	Mida	lle	
ermanent Ad	ldressStreet and	l Number	City.	State, Zip		
	mber ()		Email			
.S Citizen	YesNo				YesNo	
ather/Guardi	an					
ddress	Street and	l Number	City,	State, Zip		
elephone Nu	mber () <i>Area Code</i>	Number				
other/Guard	ian					
ddress		l Number	011			
elephone Nu	mber ()		Спу,	State, Zip		
st, in order,	, all high schools at	tended				
Name	of School	City and State	Dates of Atte	endance	Graduation Year	
st high schoo	ol courses taken that	were Honors Course	es			

List high school courses for wh	List high school courses for which advanced placement was received							
	s while in high school?							
If yes, indicate the institution,	courses, and grades received _							
School activities								
Work Experience								
Start date	End date	Employer	Hours per week					
	hurch, employment, medically							
Guidance counselor	dance counselor Telephone No							
Additional Information Reque	sted for MU Student							
MU Address		Telephone No						
Semester Enrolled at MU	emester Enrolled at MUStudent ID#							
Courses for which advanced	l placement or CLEP credit v	vas received						
General Honors courses tak	en							

In the space provided, please describe your experience or interest in participation in a livestock enterprise as either a family member or em years of agriculture courses work; or participation in FFA, 4H or equivaleither livestock production or health)	ployee; high school enrollment in at least two
	Data
Candidate signature	nare



GUIDANCE COUNSELOR REPORT

(Please DO NOT double side or staple)

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

Candidate's Name				
Last	Γ	First	Middle	
Please complete both side	es of this form and attach	a copy of the can	didate's transcript as well as re	sults of
			American College Test (ACT) a	
achievement tests. This r	eport is confidential and	will be available o	nly to those involved in our adn	nission
process. Supplementary t	ranscripts of the applican	nt's performance ir	n the senior year should be sent	as they
become available.				
Councelor's Name			Docition	
Counselor's Name	(Please print)		_Position	
School Address	• •			
School Address	Street address	City	State	Zip
Telephone number (•	School's Code Number	•
	Number	Extension		
Length of time acquainted	d with candidate			
Grade point average to da	ate is	based on a	scale with A=	<u>_</u> ·
The candidate's rank is	* i	n a class of	students.	
C:			that alamata attanal a facer con	
Give an approximate perc	entage of the candidate	s graduating class	that plans to attend a four-year	college?
*(If no rank is available, p	lease enclose information	n which allows the	faculty committee to assess the	e
candidate's academic stre			,	
	· ·	,		
To be completed by the ca	andidata (nlaasa sign A o	r Bl·		
To be completed by the co	alluluate (please sign A of	г Бј.		
A: I hereby waive my right	t to see this evaluation sh	nould I matriculate	at the University of Missouri.	
, , , , , , , , , , , , , ,				
Signature			Date	
B: I decline to waive my ri	ght to see this evaluatior	n should I matricul	ate at the University of Missour	i.
Signature			Date	

GUIDANCE COUNSELOR REPORT

Candidate's Name						
Please write a current a for the Ag Scholars prog independence, values, a brief narrative that will attach a letter of recom	gram. We are and any speci give us adde	particularly inter al talent or qualit d insight into the	ested in evid y that the ca strengths an	ence of the stu ndidate possess d weaknesses o	dent's character, m ses. We are interest f the candidate. (If	aturity, ted in a
In view of this applicant and preparation for a p	_				or she is suited to th	e study
1 Marginal	2	3 Average	4	5	6 Outstanding	
Signed						
Mail this form and all re				of Missouri — 1	Callaga of Votorinar	

Mail this form and all requested supporting materials to: University of Missouri – College of Veterinary Medicine, W-203 Veterinary Medicine Building, Columbia, Missouri, 65211 or scan and attach to an email to Vetadmissions@missouri.edu.

Ag Scholars Program Admissions Evaluation Form (Please DO NOT Double Side or Staple)

The person who gave you this form has applied to the University of Missouri 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 groups with which you are comparing this applicant. It is important to complete and return this evaluation form to the Dean's Office by March 15 for seniors and September 15 for 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.

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. If you have no information or insufficient information to answer on a particular quality, put an X on the line. Where possible, expand your ratings by giving specific instances or descriptions of behavior in the space following each item. On the back 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 Ag Scholars Program

Admissions Evaluation Form (Please DO NOT double side or Staple)

Candidate's Name			
Evaluator's Name		Title	
		tors before completing the forr	
With what peer group a	re you comparing this ap	plicant?	
Under what circumstan	ces and during what perio	od of time have you known this	s applicant?
	didate (Please sign A or E		
A. I hereby waive my rig	ht to see this evaluation	should I matriculate at the Uni	versity of Missouri.
	Signature	Date	_
B. I decline to waive my	right to see this evaluation	on should I matriculate at the U	Jniversity of Missouri.
	Caral		_
	Signature	Date	

your rating	free to add relevant comments and specific examples in the space provided following each item. If s are low average or below (1, 2), your added comments will help us evaluate the applicant. Using 1 (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 Judgement.
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-Aware	eness.					
14.	Demonstrates Good 7	Time Managem	ent.				
15.	. Demonstrates Good Written Communication Skills.						
	In view of this applicand suited to the study and				u believe he or she is the appropriate number).		
1	2	3	4	5			
Poor	Below Average	Average	Good	Excellent			
Other speci	fic instance, behaviors	of the applicant	t, and summar	ry comments are v	velcomed here:		
Signature o	f Evaluator				Date		

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THE UNIVERSITY OF MISSOURI COLLEGE OF VETERINARY MEDICINE Ag Scholars Program

Admissions Evaluation Form (Please DO NOT double side or Staple)

Candidate's Name		_
Evaluator's Name		Title
Address		
		hofore completing the form
NOTE: Please refer to t	he instructions for evaluators	before completing the form.
With what peer group	are you comparing this applica	ant?
Under what circumstar	ices and during what period of	f time have you known this applicant?
To be completed by car	ndidate (Please sign A or B):	
C. I hereby waive my ri	ght to see this evaluation shou	uld I matriculate at the University of Missouri.
	Signature	 Date
	· ·	
D. I decline to waive my	y right to see this evaluation sh	nould I matriculate at the University of Missouri.

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12.	Is Reliable.

13.	Possesses Self-Aware	eness.			
14.	Demonstrates Good	Гime Managem	ent.		
15.	Demonstrates Good V	Written Commu	unication Skil	ls.	
	In view of this applica suited to the study and				
1 Poor	2 Below Average	3 Average	4 Good	5 Excellent	
Other speci	fic instance, behaviors	of the applican	t, and summa	ry comments are welc	comed here:
Signature o	f Evaluator			Da	ate

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Admissions Evaluation Form (Please DO NOT double side or Staple)

Candidate's Name			
Evaluator's Name		Title	
		aluators before completing the form.	
With what peer group a	re you comparing thi	s applicant?	
Under what circumstanc	es and during what p	period of time have you known this app	ilicant?
To be completed by cand	didate (Please sign A	or B):	
E. I hereby waive my rigl	ht to see this evaluat	ion should I matriculate at the Universi	ty of Missouri.
	Signature	Date	
F. I decline to waive my	right to see this evalu	uation should I matriculate at the Unive	ersity of Missouri.
	Signature	 Date	

your rat	ing	free to add relevant comments and specific examples in the space provided following each item. If s are low average or below (1, 2), your added comments will help us evaluate the applicant. Using 1 (High) and an X for unable to evaluate, rank the degree to which the person
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	2.	Possesses Emotional Stability.
:	3.	Possesses Empathy.
	4.	Demonstrates Ethics.
:	5.	Possesses Intellectual Ability.
	6.	Interpersonal Relations.
, 	7.	Demonstrates Good Judgement.
	8.	Demonstrates Leadership.
9	9.	Demonstrates Good Oral Communication Skills.
	10.	Demonstrates a Professional Demeanor.
	11.	Reacts Well to Criticism.
·	12.	Is Reliable.

13.	Possesses Self-Aware	eness.						
14.	4. Demonstrates Good Time Management.							
15.	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 Poor	2 Below Average	3 Average	4 Good	5 Excellent				
Other specific instance, behaviors of the applicant, and summary comments are welcomed here:								
Signature o	f Evaluator			D	ate			