

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)
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 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](mailto: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 (1<sup>st</sup> semester freshman follow HS instructions above)***

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)
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. (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](mailto: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)**

**Return to:** University of MO – College of Veterinary Medicine  
 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 \_\_\_\_\_  
*Area Code*
*Number*
  
 Place of Birth \_\_\_\_\_

U.S Citizen \_\_\_\_ Yes \_\_\_\_ No 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 involvement, employment, philanthropic activities, cultural or religious organizations, 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. \_\_\_\_\_

**In the space provided, please describe your experience or interest in livestock production and health.** (Such as participation in a livestock enterprise as either a family member or employee; high school enrollment in at least two years of agriculture courses work; or participation in FFA, 4H or equivalent organizations with projects directly related to either livestock production or health)

Candidate signature \_\_\_\_\_ Date \_\_\_\_\_

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 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 Ag 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, W-203 Veterinary Medicine Building, Columbia, Missouri, 65211 or scan and attach to an email to [Vetadmissions@missouri.edu](mailto: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](mailto:Vetadmissions@missouri.edu).

Thank you for your assistance.

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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 \_\_\_\_\_

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 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-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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Evaluator's Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
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**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):

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.

\_\_\_\_\_

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- \_\_\_\_\_ 4. Demonstrates Ethics.
  
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Ag Scholars Program  
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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?

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

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

\_\_\_\_\_  
Signature Date

F. 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...

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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.
  
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Poor	Below Average	Average	Good	Excellent

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Signature of Evaluator \_\_\_\_\_

Date \_\_\_\_\_