

Kansas State University College of Veterinary Medicine
Early Admission Application

Last name: _____ First name: _____ Middle name: _____

Current mailing address:

Street: _____

City: _____ State: _____ Zip code: _____

Home telephone number: _____ Cell telephone number: _____

Email address: _____

Of what state are you currently a resident: _____

Birth date: _____ City where born: _____ State where born: _____

Ethnic / Racial status: _____ Gender: _____

High school graduated from: _____

City: _____ State: _____

Date of high school graduation: _____

Date ACT/SAT was taken: _____ Composite score: _____

High school extra-curricular activities:

Community activities:

What will be your undergraduate major at KSU: _____

Name of KSU academic advisor: _____

High school counselor reference: _____

Professional reference: _____

Veterinarian reference: _____

Describe your experience with animals (species, relationship):

Describe your experience with veterinarians (client, shadowed, employed by, etc):

List your past and current employment:

Name of Employer

Type of Work

Dates of Employment

Brief autobiography (500 words or less):

Please print and mail your completed application to:

Early Admit Program
101 Trotter Hall
College of Veterinary Medicine
Kansas State University
Manhattan, Kansas 66506