

**Kansas State College of Veterinary Medicine
Supplemental Application (in addition to VMCAS)**

Last Name:

First Name:

Middle Name:

Other last names under which your records may be found:

Present mailing address –

Street:

City:

State:

Zip:

County:

Telephone:

Cell Phone:

**Permanent Address -
(where mail will always reach you)**

Name:

Street:

City:

State:

Zip:

County:

Telephone:

Cell Phone:

E-Mail Address:

Of what state are you currently a resident:

Birth Date:

City:

State:

Age as of August 11, 2010:

High School Graduated from:

City: State:

Date of High School Graduation -

Month:

Year:

Active Duty Military Service:

Yes

No

If yes, Dates:

If yes, Branch of Service:

Are you a dependant of someone in the military service:

Yes

No

Ethnic/Racial status:

Sex:

Marital:

Are you a U.S. citizen:

Yes

No

If No, Visa Type:

When did you begin permanently living in Kansas continuously –

Month:

Day:

Year:

Of what state will you be a legal resident for tuition purposes, on August 1, 2010:

Of what state does the university you are now attending classify you a resident:

How many college years will you have completed by the end of the spring term 2010:

List GPA of the last 45 hours of undergraduate work:

College/University	City, State	Major	Degree(s)	Years

Were you ever required to leave school or college or were you ever denied readmission because of deficiencies in either conduct or scholarship?

If yes, please explain:

Have you applied at any previous time for admission to the College of Veterinary Medicine at Kansas State University? Yes No

If yes, what year(s):

List the following course schedules:

Fall 2009 Course Schedule:

College/University Course	Name	Hrs	Semesters/Qtrs

Winter Course Schedule:

College/University Course	Name	Hrs	Semesters/Qtrs

Spring 2010 Course Schedule:

College/University Course	Name	Hrs	Semesters/Qtrs

A complete supplemental application packet includes the two page pdf form, transcripts from all of the colleges and universities you have attended, a copy of your GRE scores, and the \$50 application fee. All of these must be put into one packet and mailed to: Office of the Associate Dean, 101 Trotter Hall College of Veterinary Medicine, Kansas State University, Manhattan, KS 66506. In addition when taking the GRE use Inst Code 6334 and Vet Med Code 0617.

While filling out this form, I have been complete and truthful.

Signature

Date