# UNIVERSITY OF ILLINOIS COLLEGE OF VETERINARY MEDICINE TRANSFER APPLICATION

#### **Important Information**

Please carefully read the Transfer Application Information that is included with this application package so that you understand the details of the program. Failure to follow the instructions below could delay or cancel the processing of your application.

#### TRANSFER ELIGIBILITY REQUIREMENTS

To be considered eligible for consideration:

- 1. The applicant must have completed all of the pre-veterinary education pre-requisite courses required (at a regionally accredited college or university) of traditionally admitted, first year University of Illinois veterinary students. The pre-requisite science courses must be graded with no grade lower than a C- achieved.
- 2. The applicant must have a <u>minimum</u> cumulative grade point average of 2.75/4.0 (2.0 = C) in all undergraduate course work, as well as current veterinary school course work. Likewise, a 2.75/4.0 (2.0 = C) average is the minimum grade point average acceptable in science coursework.
- 3. The applicant must be available to complete the unique University of Illinois first year clinical experience during the summer after to enrollment in our second year curriculum.

<u>Personal Statement:</u> Your personal statement must be prepared using a minimum of a 12-point font and one inch margins. Use the Personal Statement page provided with the application and copy if necessary. The statement should not exceed two (2) pages. Your statement should discuss:

- 1. Brief and focused statement about why you have selected to pursue a career in veterinary medicine.
- 2. Your current thoughts about what area of veterinary medicine you wish to contribute to after graduation.
- 3. A couple of comments about what you learned about the science and medicine of the veterinary profession through externships, employment, and volunteer experiences with veterinarians.
- 4. Why are you requesting this transfer?
- 5. Other information you would like us to consider that you think is important to this application.

**Explanation Page:** You may use the explanation page, which is included with the application, to provide additional information about Item 23 (Veterinary/Animal Experience), Item 24 (Animal Experience), Item 25 (Employment History), Item 27 (Honors and Awards) and Item 28 (Extracurricular and Community Activities). The same rules for formatting the Personal statement apply to the Explanation Page.

*Letters of Recommendation:* Two letters of recommendation are required, and must be submitted with your application. **One letter must be from a veterinarian.** Each letter should be enclosed in a sealed, business envelope with the evaluator's signature across the flap of the envelope.

*Letter of Good Standing:* A sealed statement by an official of your current veterinary school that indicates you are currently a student in good standing must also be submitted with your application.

<u>Submission of Transcripts</u>: You must submit official transcripts for <u>ALL</u> course work taken (all undergraduate colleges and post-graduate colleges attended, as well as your current veterinary school) in labeled official institutional envelopes. The transcript(s) submitted must match the institutions listed in Item 31.

#### To be considered complete an application must include the following:

- 1. The completed transfer application.
- 2. Personal statement.
- 3. Explanation page, if needed.
- 4. Two sealed letters of recommendation (only two will be accepted).
- 5. Statement of good standing from your current veterinary school.
- 6. All official transcripts.
- 7. Application fee of \$65.00 in the form of a personal or cashier's check made payable to the University of Illinois at Urbana-Champaign.

**Deadline:** Applicants are encouraged to apply as early as possible. For an application to be valid, it must be postmarked on or before **May 30, 2014**. We strongly recommend that all materials be mailed over-night if being mailed near the May 30, 2014 deadline. *There will be <u>NO</u> exceptions*.

<u>University of Illinois at Urbana-Champaign Statement on a Safe Environment:</u> The University of Illinois at Urbana-Champaign is committed to maintaining a safe environment for all members of the university community. As part of this commitment, the University requires applicants who are under current indictment, or have been convicted of a crime (other than a routine traffic offense or in a juvenile proceeding), to disclose this information is a mandatory step in the application process. A previous conviction or current indictment does not automatically bar admission to the University, but does require review. Complete information must be sent by certified mail at the time of the application for admission to: Review Committee, 300 Student Services Building, University of Illinois, 601 East John Street, Champaign, IL 61820. Applicants are responsible for verifying receipt by the University and for maintaining a copy of the receipt certifying submission. Information to be submitted includes: a brief explanation, location (city, state, country) of conviction or current indictment, dates and court disposition, in English. This statement must also include a grant of permission to the University for complete access to criminal records, if any. For further information on this requirement, call (217) 333-0050.

For more information about the University of Illinois College of Veterinary Medicine, please visit our website: <a href="http://vetmed.illinois.edu">http://vetmed.illinois.edu</a>

If you have questions about this application please contact us at 217-244-5643 or admissions@vetmed.illinois.edu

# **INSTRUCTIONS**

Following are instructions for completing the University of Illinois College of Veterinary Medicine Transfer Application. Some items are not referenced because they are self-explanatory or because the application form provides sufficient information.

- Item 1. Provide your full legal last, first, and middle names. Do not use nicknames or parentheses to set off alternate names.
- Item 2. Complete this item only if you know you have used an alternate name on previous academic records. If any part of your alternate name is different from Item 1, enter all parts of your alternate name, i.e. you are currently using a married name that may not appear on one of your transcripts.
- Item 3. Use the space provided to report your current e-mail address.
- Item 4. You will be notified of the outcome of the application on or before June 30, 2014.
- Item 5. If your permanent address is also the current address you entered in Item 5, leave this item blank.
- **Item 9.** You may indicate your race by checking one or more of the statements that apply to you. Your response(s) to this item is optional and will be treated confidentially.
- Item 12. To be completed only by applicants who are not U.S. Citizens.
- **Items 14-21.** Information in these items **MUST** be completed. If a parent is deceased you need only circle the word deceased and leave the subsequent data boxes blank.
- Item 22. The veterinary experiences you report in this item should relate to any veterinary clinical, agribusiness, health science or research experience that you have had with veterinarians, other health scientists or other professionals. This should include all voluntary, paid or academic experiences, <u>beginning with the most recent</u>. If necessary, use the explanation page to list additional experiences.
- Item 23. The animal experiences provided for this item should be separate from those entered in Item 23. They should include experiences such as farm and/or ranch background, family pets, 4H membership, animal training, or other similar activities. These experiences should be independent of those that occurred under the supervision of health professionals. If necessary, use the explanation page to list additional experiences.
- Item 24. Include all paid employment beginning with your most recent job.
- Items 26and 27. Because space is limited, list those items you feel are *most* important first.
- Item 28 30. Respond completely to all parts of this item. All institutions that you have attended must be listed here, including profession/graduate schools. Official transcripts from all institutions listed in Item 30 must be included with your application in sealed official institutional envelopes. The institution's seal, or official signature, must be present over the sealed flap of the envelope for each transcript.

At this time there are currently no seats available for Fall 2014, Class of 2017. You may choose to submit this application, but we will not know if seats are available until late May. No refunds will be given.

The Admissions Advisory Committee will not evaluate transfer applications until mid to late June each year. Decisions will be communicated no later than June 30, 2014.

#### UNIVERSITY OF ILLINOIS COLLEGE OF VETERINARY MEDICINE **APPLICATION FOR TRANSFER ADMISSION** 2014

### Application period March 15 – May 31, 2014

Please read the application instructions carefully, type or complete the items neatly with a dark pen, enter your name on each page following this one, and sign the application.

## PERSONAL INFORMATION

a. Last b. First c. Middle	<b>1. WHAT IS YOUR FULL LEGAL NAM</b>	<u>/IE?</u>							
ANY OTHER NAME ON PREVIOUS ACADEMIC RECORDS?  a. Last  b. First  c. Middle  3. E-MAIL ADDRESS  4. CURRENT MAILING ADDRESS, since  / MO YR  a. Number and Street  b. Address Line 2  c. City  c. City  c. City  c. Current until  / MO YR  c. County  c. Current Phone No(s), Day () - Prening	a. Last								
a. Last       c. Middle         b. First       c. Middle         3. E-MAIL ADDRESS       CONFIRM E-MAIL ADDRESS         4. CURRENT MAILING ADDRESS, since       /         MO       YR         a. Number and Street       MO         b. Address Line 2       c. Cliy         c. Cliy       d. State         f. Current until       /         MO       YR         g. County       Country (if not USA)         MO       YR         b. Address Line 2       /         b. Address Line 2       /         c. Cliy       d. State         f. County       g. County         b. Address Line 2       /         b. Address Line 2       /         c. Cliy       d. State         f. County       g. Country         b. Address Line 2       /         c. Cliy       d. State         f. County       g. Country         b. Address Line 2       /         c. Cliy       f. State         f. County       g. Country         g. Country       h. Permanent Phone No. ( ) ) -         OTHER PERSONAL INFORMATION       S. GENDER         6. DATE OF BIRTH (moiday/year) <t< th=""><td>b. First</td><td></td><td colspan="4">c. Middle</td></t<>	b. First		c. Middle						
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c. City d. State c. ZIP Code f. Current until / g. County Country (if not USA) Current Phone No(s). Day () - Evening () - 5. PERMANENT ADDRESS (if different from Item 5), since / b. Address Line 2 c. City d. State c. ZIP Code f. County g. Country h. Permanent Phone No. () - OTHER PERSONAL INFORMATION 6. DATE OF BIRTH (mo/day/year) 7. AGE TODAY 8. GENDER Male Female 9. WHAT IS YOUR ETHNIC IDENTITY? (optional) A. Ethnicity (circle one) Hispanic Non-Hispanic B. Race (circle as many as apply) Caucasian/Middle Eastern African American/Black American Indian/Alaskan native Asian	a. Number and Street								
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OTHER PERSONAL INFORMATION       ( ) -         6. DATE OF BIRTH (mo/day/year)       7. AGE TODAY       8. GENDER         Male       Female         9. WHAT IS YOUR ETHNIC IDENTITY? (optional)         A. Ethnicity (circle one)       Hispanic         Non-Hispanic         B. Race (circle as many as apply)         Caucasian/Middle Eastern         African American/Black         American Indian/Alaskan native         Asian	c. City	d. State		e. ZIP Code					
6. DATE OF BIRTH (mo/day/year)       7. AGE TODAY       8. GENDER         Male       Female         9. WHAT IS YOUR ETHNIC IDENTITY? (optional)         A. Ethnicity (circle one)       Hispanic         Non-Hispanic         B. Race (circle as many as apply)         Caucasian/Middle Eastern         African American/Black         American Indian/Alaskan native         Asian	f. County	g. Country	]						
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African American/Black American Indian/Alaskan native Asian	B. Race (circle as many as apply)								
American Indian/Alaskan native Asian	Caucasian/Middle Eastern								
Asian	African American/Black								
	American Indian/Alaskan native								
Other	Asian								
	Other								

06/01/01-05/31/01							
	Page 2	NAME – LAST	FIRST				
<b>10. PLACE OF BIRTH</b>							
a. City	b. State	c. County	d. Country (if not USA)				
11. U.S. CITIZENSHIP		. If we what is the state of we	un la sel une i de une 9				
a. Are you a U.S. citizen? 1. Male 2. Female		a. If yes, what is the state of you	ur legal residence?				
12. OTHER CITIZENSHIP							
a. If not a U.S. citizen, what is yo	-	enship?					
b. If not a U.S. citizen, what is you 1. Immigrant/permanent U		2. Refugee 3. Non-Immig	grant				
c. What is your U.S. State of Leg	al Residence?	d. How long have you l	ived in this state? (# years, # months)				
e. When did your residency in th	is state (13c) begin	? / / MO DAY YR					
f. If you are a permanent residen	t of the U.S., what i	s your alien registration number?					
g. Where was it issued?							
h. When was it issued?							
i. If you are a non-permanent res		your visa classification.					
13. MILITARY INFORMATI							
a. Are you a veteran of U.S. mili	tary service?	1. Yes 2. o					
b. Length of Service? From:	/	To: / /					
	MO DAY	YR MO DAY	YR				
c. What type of discharge/separa	tion did you receive	2?					
PARENTAL/LEGAL GUARD	IAN INFORMATI	ON (for demographic and resid	lency determination only)				
14. NAME OF YOUR FATHE	CR/GUARDIAN						
a. 1. Living 2. Deceased b. Last	c. Firs	4	d. M.I.				
b. Last	C. FIIS	l	d. M.I.				
15. FATHER/GUARDIAN'S A	ADDRESS						
a. City	b. Stat	e	c. ZIP Code				
d. County	e. Cou	puntry f. ( ) -					
16. FATHER/GUARDIAN'S (	OCCUPATION		N'S STATE OF LEGAL RESIDENCE				
State Since: / / MO DAY YR							
18. NAME OF YOUR MOTHER/GUARDIAN							
a. 1. Living 2. Deceased							
b. Last	c. Firs	t	d. M.I.				
19. MOTHER/GUARDIAN'S							
a. City	b. Stat	e	c. ZIP Code				
d. County	e. Cou		f. ( ) -				
20. MOTHER/GUARDIAN'S	OCCUPATION	22. MOTHER/GUARDIA	N'S STATE OF LEGAL RESIDENCE				

06/01/01-05/31/01									
	Page 3		NAME – LAST		FIRST				
VETERINARY/ANIMAL EXPERIENCE									
22. VETERINARY EXPERIENCE: Clinical/Agribusiness/Health Science/Research. (List most recent experience first.) An explanation of your veterinary experience must be incorporated into your personal statement.									
Name of Veterinarian/Scientist	City	State	Position	Dates		Total Number			
				From MO/YR	From MO/YR	Н	ours		
a.				NIO/ I K	WO/ IK				
b.									
с.									
d.									
e. f.									
23. ANIMAL EXPERIENCE:			tion of each experience ar				ny entry in		
Type of Experience	City	State	Position	n your animal experience in your personal stater <b>Position</b> Dates			Total Number		
Type of Experience	City	State	1 0511011	From	From		ours		
				MO/YR	MO/YR				
a. b.									
с.									
d.									
е.									
f									
OTHER BACKGROUND INFO 24. EMPLOYMENT HISTORY									
24. EMPLOYMENT HISTORY			nent only, including high s es listed in Items 22 or 23.		with your mos	st recent Job.	<u>Do Not</u>		
Type of Experience	City	State	Position	Dat	tes	Total N	umber of		
				From MO/YR	From MO/YR	Н	ours		
				WO/1K					
a.									
a. b.									
b. c.									
b. c. d.									
b. c. d. e.									
b. c. d. e. f.									
b. c. d. e.	than three mc	nths during	which you were not enr	rolled as a stude	ent or emplo	yed?			
b. c. d. e. f. <b>25.</b> Has there been any interval longer 1. Yes 2. No	If yes, provid	de an explan	ation (including the dur	ation and how	you spent yo	our time).			
b. c. d. e. f. <b>25.</b> Has there been any interval longer	If yes, provid list and d	de an explana	ation (including the dur rs or awards you have rece	ation and how	you spent yo	our time).	ng		
b. c. d. e. f. <b>25.</b> Has there been any interval longer 1. Yes 2. No	If yes, provid list and d	de an explan	ation (including the dur s or awards you have rece received.	ation and how eived (include high	you spent yo	our time). Iclude grantin	-		
b. c. d. e. f. <b>25.</b> Has there been any interval longer 1. Yes 2. No	If yes, provid list and d	de an explana	ation (including the dur s or awards you have rece received.	ation and how	you spent yo	bur time). Iclude grantin Da From	tes From		
b. c. d. e. f. 25. Has there been any interval longer 1. Yes 2. No 26. HONORS AND AWARDS:	If yes, provid list and d	de an explana	ation (including the dur s or awards you have rece received.	ation and how eived (include high	you spent yo	bur time). Iclude grantin Da	tes		
b. c. d. e. f. 25. Has there been any interval longer 1. Yes 2. No 26. HONORS AND AWARDS: a.	If yes, provid list and d	de an explana	ation (including the dur s or awards you have rece received.	ation and how eived (include high	you spent yo	bur time). Iclude grantin Da From	tes From		
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<ul> <li>b.</li> <li>c.</li> <li>d.</li> <li>e.</li> <li>f.</li> <li>25.</li> <li>Has there been any interval longer 1. Yes 2. No</li> <li>26. HONORS AND AWARDS:</li> </ul>	If yes, provid list and d	de an explana	ation (including the dur s or awards you have rece received.	ation and how eived (include high	you spent yo	bur time). Iclude grantin Da From	tes From		
b.         c.         d.         e.         f.         25.         Has there been any interval longer         1. Yes         2. No         26. HONORS AND AWARDS:         a.         b.         c.         d.         e.	If yes, provid list and d	de an explana	ation (including the dur s or awards you have rece received.	ation and how eived (include high	you spent yo	bur time). Iclude grantin Da From	tes From		
b.         c.         d.         e.         f.         25.         Has there been any interval longer         1. Yes         2. No         26. HONORS AND AWARDS:         a.         b.         c.         d.         e.         f.	If yes, provid list and d organiza	de an explana lescribe honor tion and date r	ation (including the dur s or awards you have rece received. Or	ation and how vived (include hig rganization	you spent yo	bur time). Include grantin Da From MO/YR	tes From MO/YR		
b.         c.         d.         e.         f.         25.         Has there been any interval longer         1. Yes         2. No         26. HONORS AND AWARDS:         a.         b.         c.         d.         e.	If yes, provid list and d organiza	de an explana lescribe honor tion and date r	ation (including the dur received. Or VITIES: List and dese	ration and how vived (include hig rganization	you spent yo gh school). In	bur time). aclude grantin Da From MO/YR munity activi	tes From MO/YR		
b.         c.         d.         e.         f.         25.         Has there been any interval longer         1. Yes         2. No         26. HONORS AND AWARDS:         a.         b.         c.         d.         e.         f.	If yes, provid list and d organiza	de an explana lescribe honor tion and date r	ation (including the dur s or awards you have received. Or VITIES: List and desc you were eng	ation and how vived (include hig rganization	you spent yo gh school). In	Dur time). aclude grantin Da From MO/YR hunity activi aclude sports	tes From MO/YR		
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<ul> <li>32. Name of person who will verify you are in good standing currently:</li> <li>33. HAVE YOU EVER APPLIED FOR ADMISSION TO THE UNIVERSITY OF ILLINOIS COLLEGE OF</li> </ul>											
VETERINARY MEDICINE?											
1. Yes 2. No											

**EXPLANATION PAGE:** Must use a 12-point font.

## PERSONAL STATEMENT: Must use a 12-point font

## **CHECKLIST FOR TRANSFER APPLICATION**

### \*The following materials must be received no later than May 30, 2014\*

- \_\_\_\_\_ Completed Application for Transfer Admission
- \_\_\_\_\_Official copies of all undergraduate transcripts (and post-graduate transcripts if applicable)
- \_\_\_\_\_ Official copy of current veterinary education transcript
- \_\_\_\_\_ Letter of "good standing" from your current veterinary college
- \_\_\_\_\_ Two letters of recommendation at least one <u>must</u> be from a veterinarian. Please list the individuals who will be submitting letters below:
  - 1.\_\_\_\_\_
  - 2.
- \_\_\_\_\_ Application fee of \$65.00 in the form of a personal or cashier's check made payable to the University of Illinois at Urbana-Champaign.
- To be considered for transfer admission your materials MUST be sent to the following address:
- **Transfer Admissions**
- The College of Veterinary Medicine
- University of Illinois at Urbana-Champaign
- 2271 G Veterinary Medicine Basic Sciences Building, MC-002
- 2001 So. Lincoln Avenue
- Urbana, Illinois 61802
- **<u>QUESTIONS?</u>** Call 217-244-5643 or write to <u>admissions@vetmed.illinois.edu</u>