



APPLICATION FOR ADMISSION

(This is not an application to Cedar Valley College or the Dallas County Community College District)

PLEASE PRINT OR TYPE

_____-_____-_____
 Social Security Number Last Name First M.I.

 Home Address

 City State Zip/PC Email address

(_____) _____ (_____) _____ (_____) _____
 Home Phone Work Phone Work Fax

HIGH SCHOOL GRADUATE? YES ___ NO ___ G.E.D. YES ___ NO ___

List all colleges attended for academic credit, including those in the Dallas County Community College District: (Do not abbreviate)

COLLEGE	DATES ATTENDED	DEGREE
_____	_____	_____
_____	_____	_____
_____	_____	_____

EQUAL EDUCATION OPPORTUNITY: Educational opportunities are offered by the Dallas County Community College District regard to race, color, age, national origin, religion, sex, or handicap.

STATEMENT OF STUDENT'S RESPONSIBILITY

I have read and understand the admission process for the Veterinary Technology Program. By submitting an application to the program, I agree to abide by the admission requirements of the Veterinary Technology Program. I accept full responsibility for submitting a complete admission packet. I understand that I will not be accepted into the Veterinary Technology Program until I have completed all of the admission requirements.

Once I have submitted my admission packet, I understand that it is my responsibility to inform the Director of the DEVTP of any change in my status, address, telephone number, intentions to continue the program, or any other information that would affect my entrance into the program. I understand that the purpose of this program is to prepare me to be eligible to take appropriate examinations for credentialing as a veterinary technician in my state of residence.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS COMPLETE AND ACCURATE

 Applicant's Signature

_____/_____/_____
 Date