

CEDAR VALLEY COLLEGE

APPLICATION FOR ADMISSION TO VETERINARY TECHNOLOGY PROGRAM

PLEASE PRINT

SOCIAL SECURITY # _____ - _____ - _____ DATE ____/____/____

NAME _____ Home Phone: (____) _____
(Last, First, M.I.)

ADDRESS _____ Work Phone: (____) _____

_____ E-MAIL ADDRESS _____

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 without 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 prior to the designated application filing deadline. 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 Veterinary Technology Program Director of any change in my status, address, telephone number, intentions to enter 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 the Texas Examination to become a Registered Veterinary Technician (RVT).

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

Applicant's Signature

_____/_____/_____
Date