

The University of Missouri - Columbia  
College of Veterinary Medicine  
AgScholars Program

INSTRUCTIONS FOR APPLICANTS

***Current High School Seniors***

1. Achieve a composite score of 27 on the American College Test (ACT) or an equivalent score on the Scholastic Aptitude Test (SAT) and have demonstrated experience in livestock production and health.
2. Complete the enclosed Application.
3. Fill out the top line and the bottom portion of the Guidance Counselor Report and give it to your counselor for completion. An official copy of your transcript of high-school work completed to date must be attached to this report from your counselor.
4. Fill out the top line and the bottom portion of each of the Admission Evaluation Forms. Two forms should be completed by your teachers, at least one of who is a science teacher. The other form may be completed by a teacher or by another person who knows you well. (three evaluations, in addition to the Guidance Counselors Report, must be submitted to complete the application)
5. Complete an application for admission to the undergraduate program at the University of Missouri-Columbia. (Failure to complete this application makes you ineligible for the AgScholar Program.)
6. It is suggested that you give your counselor and each of your evaluators a return envelope that has already been stamped and addressed to the University of Missouri College of Vet Med, W203 Vet Med Bldg, Columbia, MO 65211.
7. Applications must be received in our office by April 1 of senior year or September 15 as MU freshman.
8. Completed application files will be reviewed by a screening committee and applicants will be notified of decisions in a timely manner.

***Current University of Missouri-Columbia Freshmen (1st semester freshman follow HS instructions above)***

1. Achieve a composite score of 27 on the American College Test (ACT) or an equivalent score on the Scholastic Aptitude Test (SAT) and have demonstrated experience in livestock production and health.
2. Complete the enclosed Application.
3. Fill out the top line and bottom portion of the Guidance Counselor Report and give it to your high-school counselor for completion. An official copy of your final high-school transcript must be attached to this report from your counselor.
4. Fill out the top line and bottom portion of each of the Admission Evaluation Forms. At least one form must be completed by a high-school science teacher and at least one form by an MU professor from whom you took a course this academic year. (If applying Sept. 15th no MU faculty is required) The other form may be completed by an instructor (high-school or MU) or by another person who knows you well.
5. It is suggested that you give your counselor and each of your evaluators a return envelope that has already been stamped and addressed to University of Missouri College of Vet Med, W203 Vet. Med. Bldg., Columbia, MO 65211.
6. After Fall grades have been posted on your MU transcript, request an official transcript to be sent to the address in #5 above. (If applying Sept. 15th no fall grades are needed)
7. The deadline for applications to be received in our office for MU freshmen is September 15 or April 1.
8. Completed applications will be reviewed by a screening committee for a decision and applicants will be notified of decisions in a timely manner.



INSTRUCTIONS: Please print or type

Return to: Office of Admissions  
W-203 Veterinary Medicine Building  
College of Veterinary Medicine  
University of Missouri  
Columbia, MO 65211

Optional:  
Attach photograph here  
(Write your name on back of photograph)

ACT SCORE \_\_\_\_\_  
(Minimum to Apply: 27 ACT or equivalent SAT)

Name \_\_\_\_\_  
*Last First Middle*

Permanent Address \_\_\_\_\_  
*Street and Number City, State, Zip*

Telephone No. (\_\_\_\_) \_\_\_\_\_  
*Area Code Number*

Birthday \_\_\_\_\_ Place of Birth \_\_\_\_\_  
*Month Day Year*

U.S. Citizen \_\_\_\_ Yes \_\_\_\_ No Permanent U.S. Resident \_\_\_\_ Yes \_\_\_\_ No

Father/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
*Street and Number*

\_\_\_\_\_ *City, State, Zip*

Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
*Street and Number*

\_\_\_\_\_ *City, State, Zip*

List, in order, all high schools attended:

Name of High School	City and State	Dates of Attendance		Graduation Year
		From	To	

Current \_\_\_\_\_

Previous \_\_\_\_\_

List high school courses taken that were Honors Courses \_\_\_\_\_

List high school courses for which advanced placement was received \_\_\_\_\_

Have you taken college courses while in high school? \_\_\_\_ Yes \_\_\_\_ No

If yes, indicate the institution, courses, and grades received \_\_\_\_\_

School activities \_\_\_\_\_

Other activities (community, church, employment, medically-related, etc) \_\_\_\_\_

Honors received \_\_\_\_\_

**Additional Information Requested for MU Student**

MU Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Semester Enrolled at MU \_\_\_\_\_ Student ID# \_\_\_\_\_

Courses for which advanced placement or CLEP credit was received \_\_\_\_\_

General Honors courses taken \_\_\_\_\_

Activities \_\_\_\_\_

Academic advisor \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Attach a type written statement in the space provided, please describe your experience or interest in livestock production and health.** (Such as participation in a livestock enterprise as either a family member or employee; high school enrollment in at least two years of agriculture course work; or participation in FFA, 4H or equivalent organizations with projects directly related to either livestock production or health.)

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

# AgScholars Program

## GUIDANCE COUNSELOR REPORT

(Must be received in our office by April 1 or September 15)

Candidate's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
*Last First Middle*

Please complete both sides of this form and attach a **copy of the candidate's transcript** as well as results of the student's performance on the Scholastic Aptitude Test (SAT) or American College Test (ACT) and any achievement tests. This report is confidential and will be available only to those involved in our admission process. Supplementary transcripts of the applicant's performance in the senior year should be sent as they become available.

Counselor's Name \_\_\_\_\_ Position \_\_\_\_\_  
*(Please print)*

School Address \_\_\_\_\_  
*Street address City State Zip*

Telephone number ( ) \_\_\_\_\_ School's Code Number \_\_\_\_\_  
*Number Extension*

Length of time acquainted with candidate \_\_\_\_\_

Grade point average to date is \_\_\_\_\_ based on a scale with A= \_\_\_\_\_.

The candidate's rank is \_\_\_\_\_ \* in a class of \_\_\_\_\_ students.

Give an approximate percentage of the candidate's graduating class that plans to attend a four-year college?

\_\_\_\_\_  
\*(If no rank is available, please enclose information which allows the faculty committee to assess the candidate's academic strength in relation to fellow students.)

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To be completed by the candidate (please sign A or B):

A: I hereby waive my right to see this evaluation should I matriculate at the University of Missouri-Columbia.

Signature \_\_\_\_\_ Date \_\_\_\_\_

B: I decline to waive my right to see this evaluation should I matriculate at the University of Missouri-Columbia.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## GUIDANCE COUNSELOR REPORT

Candidate's Name \_\_\_\_\_

Please write a current appraisal of the candidate's academic and personal qualities and promise as a candidate for the AgScholars program. We are particularly interested in evidence of the student's character, maturity, independence, values, and any special talent or quality that the candidate possesses. We are interested in a brief narrative that will give us added insight into the strengths and weaknesses of the candidate. (If you attach a letter of recommendation, please also provide a rating and your signature below.)

In view of this applicant's strengths and weaknesses, how well do you believe he or she is suited to the study and preparation for a professional career? (Circle the appropriate number.)

1	2	3	4	5	6
Marginal		Average			Outstanding

Signed \_\_\_\_\_

Mail this form and all requested supporting materials to: Office of Admissions, W-203 Veterinary Medicine Building, College of Veterinary Medicine, University of Missouri, Columbia, MO 65211.

# AgScholars Program

## ADMISSIONS EVALUATION FORM

### INSTRUCTIONS FOR EVALUATORS

(Must be received in the Dean's office by April 1<sup>st</sup> from HS seniors or September 15 for MU Freshman)

The person who gave you this form has applied to the University of Missouri-Columbia College of Veterinary Medicine. The applicant believes you have had sufficient contact with him/her to provide an evaluation of qualities that might relate to future performance as a veterinarian. Your evaluation should be based on comparison with other students you have known. In the space provided, please indicate the peer group which you are comparing this applicant. It is important to complete and return this evaluation form. If you wish, you may attach a letter of recommendation.

IN MARKING THE EVALUATION, WE ENCOURAGE YOU TO FOLLOW THESE GUIDELINES:

Rate the applicant on a scale of 1 to 6 on the lines to the left of each statement. On this scale, a 6 is the highest possible rating and should be reserved for the most outstanding individuals based upon the particular characteristic. Accordingly, a 1 is the lowest rating and should be reserved for those individuals who are seriously deficient in this quality.

In order for this rating system to have maximum usefulness, we ask you to guard against inflating your ratings. It is assumed that the average applicant would receive ratings of 3 or 4 on some or all of the characteristics. If your rating is low average or below (1, 2, 3), please provide comments that would enable us to further evaluate the candidate. If you have no information or insufficient information to answer on a particular quality, put an X on the line. Where possible, expand your ratings by giving specific instances or descriptions of behavior in the space following each item. On the back page, please discuss other relevant instances or describe behavior of the applicant which led you to assign your rating. Your comments will greatly aid us in the evaluation of the applicant.

If you have any questions regarding the completing this form, please don't hesitate to contact the Office of Admissions, at 573-884-3341. After completing this form, please return it to: Office of Admissions, W203 Vet Md Bldg., College of Veterinary Medicine, University of Missouri, Columbia, MO, 6521

Thank you for your assistance.

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The Family Educational Rights and Privacy Act (The Buckley Amendment) provides that, should the applicant matriculate, he/she will be entitled to inspect all records kept by the College of Veterinary Medicine, including the evaluation forms. However, the applicant may waive the right to inspect the evaluation form by signing in the appropriate place on the form.

“tear off and discard”

THE UNIVERSITY OF MISSOURI-COLUMBIA  
COLLEGE OF VETERINARY MEDICINE  
AgScholars Program

**ADMISSION EVALUATION FORM**

Candidate's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Evaluator's Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

NOTE: Please refer to the instructions for evaluators before completing the form.

With what peer group are you comparing this applicant?

Under what circumstances and during what period have you known this applicant?

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To be completed by candidate (Please sign A or B):

A. I hereby waive my right to see this evaluation should I matriculate at the University of Missouri-Columbia.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

B. I decline to waive my right to see this evaluation should I matriculate at the University of Missouri-Columbia.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Please feel free to add relevant comments and specific examples in the space provided following each item. If your ratings are low average or below (1, 2, 3), your added comments will help us evaluate the applicant. Using 1 (Low) to 6 (High) and an X for unable to evaluate, rank the degree to which the person...

- \_\_\_\_\_ 1. Is able to get at the heart of a problem; able to separate important points from details; has an orderly, logical mind; is mentally efficient.
  
- \_\_\_\_\_ 2. Is forthright, frank and open.
  
- \_\_\_\_\_ 3. Is adaptable; is able to adjust to new knowledge and changing conditions.
  
- \_\_\_\_\_ 4. Is able to convert acquired information into working knowledge; is decisive.
  
- \_\_\_\_\_ 5. Inspires confidence.
  
- \_\_\_\_\_ 6. Is emotionally stable; projects a stable, calming influence in tense situations.
  
- \_\_\_\_\_ 7. Has sustained, genuine concern for others; is considerate of others; is an understanding sort of person.
  
- \_\_\_\_\_ 8. Has foresight, the ability to anticipate problems.
  
- \_\_\_\_\_ 9. Is capable of independent thinking; is able to reach independent conclusions (even unconventional ones).
  
- \_\_\_\_\_ 10. Is imaginative, creative; has originality.

- \_\_\_\_\_ 11. Is able to communicate well in everyday activities.
- \_\_\_\_\_ 12. Is a person of integrity, is highly principled; is honest.
- \_\_\_\_\_ 13. Is able to learn from others; is charitable toward mistakes and failures of others; is adaptable to all sorts of people.
- \_\_\_\_\_ 14. Is motivated toward a career in Veterinary Medicine primarily by idealism, compassion, and the desire to serve others.
- \_\_\_\_\_ 15. Is aware of his/her own limitations and tolerant of the opinions and lifestyles of others.
- \_\_\_\_\_ 16. Has a warm, outgoing, friendly personality; is cheerful, optimistic; has a sense of humor.
- 17. In view of this applicant's strengths and weaknesses, how well do you believe he or she is suited to the study and preparation for a professional career? (Circle the appropriate number).

1                      2                      3                      4                      5                      6  
 Marginal                      Average                      Outstanding

Other specific instance, behaviors of the applicant, and summary comments are welcomed here:

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

# AgScholars Program

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### INSTRUCTIONS FOR EVALUATORS

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Thank you for your assistance.

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THE UNIVERSITY OF MISSOURI-COLUMBIA  
COLLEGE OF VERINARY MEDICINE  
AgScholars Program

**ADMISSION EVALUATION FORM**

Candidate's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Evaluator's Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

NOTE: Please refer to the instructions for evaluators before completing the form.

With what peer group are you comparing this applicant?

Under what circumstances and during what period have you known this applicant?

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A. I hereby waive my right to see this evaluation should I matriculate at the University of Missouri-Columbia.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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1	2	3	4	5	6
Marginal		Average		Outstanding	

Other specific instance, behaviors of the applicant, and summary comments are welcomed here:

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

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THE UNIVERSITY OF MISSOURI-COLUMBIA  
COLLEGE OF VERINARY MEDICINE  
AgScholars Program

**ADMISSION EVALUATION FORM**

Candidate's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Evaluator's Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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NOTE: Please refer to the instructions for evaluators before completing the form.

With what peer group are you comparing this applicant?

Under what circumstances and during what period have you known this applicant?

---

To be completed by candidate (Please sign A or B):

A. I hereby waive my right to see this evaluation should I matriculate at the University of Missouri-Columbia.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

B. I decline to waive my right to see this evaluation should I matriculate at the University of Missouri-Columbia.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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