

THE UNIVERSITY OF MISSOURI - COLUMBIA SCHOOL OF VETERINARY MEDICINE
PRE-VETERINARY MEDICAL SCHOLARS PROGRAM
INSTRUCTIONS FOR APPLICANTS

Current High School Seniors

1. Achieve a composite score of 30 on the American College Test (ACT) or an equivalent score on the Scholastic Aptitude Test (SAT). Copy of scores must be sent from High School with transcript or copy of sent directly to the Veterinary School.
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, through the fall of your senior year, 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) *Additional evaluations not accepted.*
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 PVM).
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, Pre-Veterinary Medicine Scholars Program, W203 Vet. Med. Bldg., Columbia, MO 65211.
7. **Applications must be received in our office by April 1 of your senior year or September 15 as MU Freshman.** (Early submissions receives no advantage)
8. The selection committee will meet after the submission deadline(s) to review applications and applicants notified of decisions shortly after.

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

1. Achieve a composite score of 30 on the American College Test (ACT) or an equivalent score on the Scholastic Aptitude Test (SAT). Copy of scores must be sent from High School with transcript or copy of sent directly to the Veterinary School.
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 all high-school work completed 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 The University of Missouri, Pre-Veterinary Medicine Scholars Program, 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 of spring term.**
8. The selection committee will meet after the submission deadline(s) to review applications and applicants notified of decisions shortly after



Pre-Veterinary Medicine Scholars Program
APPLICATION FOR MATRICULATION

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

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 _____

| | | |
|---|--|-------------------------|
| Name _____ | | |
| <i>Last</i> | <i>First</i> | <i>Middle</i> |
| Permanent Address _____ | | |
| <i>Street and Number</i> | | <i>City, State, Zip</i> |
| Telephone No. (____) _____ | | |
| <i>Area Code</i> | <i>Number</i> | |
| Birthday _____ | | Place of Birth _____ |
| <i>Month</i> | <i>Day</i> | <i>Year</i> |
| U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No | Permanent U.S. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------|-----------------|
| Father/Guardian _____ | |
| Address _____ | Telephone _____ |
| <i>Street and Number</i> | |
| _____ | |
| <i>City, State, Zip</i> | |
| Mother/Guardian _____ | |
| Address _____ | Telephone _____ |
| <i>Street and Number</i> | |
| _____ | |
| <i>City, State, Zip</i> | |

List, in order, all high schools attended:

Name of High School

City and State

Dates of Attendance
From To

Graduation
Year

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 _____

Guidance counselor _____ Telephone No. _____

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 typed statement in which you briefly discuss your understanding of the veterinary medical profession and your career goals and objectives. (Limit to one page)

Candidate Signature _____ Date _____

Pre-Veterinary Medicine Scholars 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.)

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 Pre-Veterinary Medicine Scholars 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, Missouri, 65211.

MU Pre-Veterinary Medicine Scholars Program ADMISSIONS EVALUATION FORM

INSTRUCTIONS FOR EVALUATORS

(Must be received in Deans office by April 1st for 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 Academic Affairs, College of Veterinary Medicine, University of Missouri, Columbia, MO, 65211.

Thank you for your assistance.

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 PRE-
VETERINARY MEDICINE SCHOLARS 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?

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 | |

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Signature of Evaluator _____ Date _____

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| Marginal | | Average | | Outstanding | |

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