

# AG SCHOLARS 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.
- 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. If you have had the opportunity to work/shadow/volunteer with a veterinarian, an evaluation from them is recommended (three evaluations, in addition to the Guidance Counselors Report, must be submitted to complete the application).
  - Additional evaluations will not be accepted.
- 5. Complete an application for admission to the undergraduate program at the University of Missouri. (Failure to complete this application makes you ineligible for the Ag Scholars Program).
- 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, Ag 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. 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 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 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) If you have had the opportunity to work/shadow/volunteer with a veterinarian, an evaluation from them is recommended.

- 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, Ag 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. Completed application files will be reviewed by a screening committee and applicants will be notified of decisions in a timely manner.

## Ag Scholars Program APPLICATION FOR MATRICULATION

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

Instructions: Please print or type Return to: W-203 Veterinary Medicine Building College of Veterinary Medicine University of Missouri Columbia, MO 65211 ACT Score \_\_\_\_\_ Name \_\_\_\_ Last First Middle Permanent Address \_\_\_\_ Street and Number City, State, Zip Telephone Number (\_\_\_\_\_) \_\_\_\_ Place of Birth Area Code Number U.S Citizen \_\_\_\_ Yes \_\_\_\_ No Permanent U.S. Resident \_\_\_\_\_ Yes \_\_\_\_\_ No Father/Guardian \_\_\_\_\_ Street and Number City, State, Zip Telephone Number (\_\_\_\_\_) Area Code Number Mother/Guardian Street and Number City, State, Zip Telephone Number (\_\_\_\_\_) Area Code Number List, in order, all high schools attended Name of School City and State Dates of Attendance Graduation Year List high school courses taken that were Honors Courses \_\_\_\_\_

List high school courses for	which advanced placement was r	received		
	rses while in high school?			
in yes, maleate the institution	ii, coarses, and grades received _			
School activities				
Work Experience				
Start date	End date	Employer	Hours per week	
			ne No.	
Additional Information Req	uested for MU Student			
MU Address		Telephone No		
Semester Enrolled at MU		Student ID#		
Courses for which advanc	ed placement or CLEP credit w	vas received		
General Honors courses t	aken			

Attach a typed statement, or use the space below to write one, in understanding of the veterinary medical profession and your care	
Candidate signature	Date



### **GUIDANCE COUNSELOR REPORT**

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

Candidate's Name_					
	Last	First	Middle		
student's performar achievement tests.	nce on the S This report	Scholastic Aptitu is confidential ar	de Test (SAT) or Ame nd will be available or	didate's transcript as well as re rican College Test (ACT) and ar ally to those involved in our add the senior year should be ser	ny mission
Counselor's Name				Position	
		lease print)			
School Address					
Telephone number (		reet address	City	State School's Code Number	Zip
, , , , , , , , , , , , , , , , , , , ,		umber	Extension		
Length of time acqu	ainted with	candidate			
Grade point average	to date is		based on a	scale with A=	<u>_</u> .
The candidate's ranl	k is		_* in a class of	students.	
Give an approximate	e percentag	e of the candida	nte's graduating class	that plans to attend a four-yea	ar college?
*(If no rank is availa candidate's academ	• •			faculty committee to assess t	he
To be completed by	the candida	ate (please sign	A or B):		
A: I hereby waive m	y right to se	e this evaluation	n should I matriculate	at the University of Missouri.	
Signature				Date	
B: I decline to waive	my right to	see this evalua	tion should I matricul	ate at the University of Missou	ıri.
Signature				Date	

### **GUIDANCE COUNSELOR REPORT**

Candidate's Name						
Please write a current appr for the Ag Scholars prograr independence, values, and brief narrative that will give attach a letter of recomme	n. We are pa any special t e us added in	rticularly intere alent or quality sight into the st	sted in evidence that the candid rengths and we	of the stude ate possesse aknesses of	ent's character, ma es. We are interesto the candidate. (If y	aturity, ed in a
In view of this applicant's s and preparation for a profe	_		-		rshe is suited to th	e study
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.

### Ag Scholars Program ADMISSIONS EVALUATION FORM

### **INSTRUCTIONS FOR EVALUATORS**

(Must be received in the Dean's office by April 1 for seniors or September 15 for MU freshman)

The person who gave you this form has applied to the University of Missouri 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: University of Missouri College of Veterinary Medicine, W203 Vet Med Bldg., 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 COLLEGE OF VETERINARY MEDICINE Ag Scholars Program

### **ADMISSION EVALUATION FORM**

Candidate's Name			
Evaluator's Name		Title	
NOTE: Please refer to the			
With what peer group are	you comparing this ap	plicant?	
Under what circumstances	s and during what perio	od have you known this a	applicant?
To be completed by candid	date (Please sign A or E	3):	
A. I hereby waive my right	to see this evaluation	should I matriculate at tl	he University of Missouri.
	Signature	Date	
B. I decline to waive my rig	ght to see this evaluation	on should I matriculate a	t the University of Missouri.
	Signature		

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.

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.

11.	Is able to con	mmunicate well	l in everyda <sup>,</sup>	y activities.			
12.	Is a person of	f integrity, is hi	ghly princip	led; is hones	st.		
13.	Is able to lear to all sorts of	rn from others; f people.	is charitabl	e toward mi	stakes and fail	ures of others	; is adaptable
14.		toward a caree serve others.	er in Veterin	ary Medicin	e primarily by	idealism, comp	passion, and
15.	Is aware of h	is/her own limi	tations and	tolerant of	the opinions ar	nd lifestyles of	others.
16.	Has a warm,	outgoing, frien	dly persona	lity; is cheer	ful, optimistic;	has a sense o	f humor.
	= =	cant's strengths and preparation					
	1	2	3	4	5	6	
	Marginal		Avera	ge	Outs	tanding	
		aviors of the ap					re:
Signature of E	valuator			Dat	e		

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Candidate's Name			
Evaluator's Name	Т	Fitle	
NOTE: Please refer to the instru			
With what peer group are you o	omparing this applicant	t?	
Under what circumstances and	during what period have	e you known this applicant?	
To be completed by candidate (	Please sign A or B):		
A. I hereby waive my right to se	e this evaluation should	I I matriculate at the University of Missouri.	
Si	gnature	Date	
B. I decline to waive my right to	see this evaluation show	uld I matriculate at the University of Missouri.	
Si	gnature	 Date	

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.
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	_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 or person.
	_8.	Has foresight, the ability to anticipate problems.
	_9.	Is capable of independent thinking; is able to reach independent conclusions (even unconventional ones).
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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.

11.	Is able to com	municate well	in everyday ad	ctivities.		
12.	Is a person of	integrity, is hig	hly principled	; is honest.		
13.	Is able to lear to all sorts of		is charitable to	oward mistakes a	nd failures of c	others; is adaptable
14.	Is motivated t		r in Veterinary	Medicine prima	rily by idealism,	compassion, and
15.	Is aware of his	s/her own limit	ations and tol	erant of the opin	ions and lifesty	les of others.
16.	Has a warm, c	outgoing, frienc	lly personality	; is cheerful, opti	mistic; has a se	nse of humor.
		_		es, how well do yonal career? (Circ		
	1 Marginal	2	3 Average	4	5 Outstanding	6
Other specific	instance, beha	aviors of the ap	plicant, and su	ummary commen	ts are welcome	ed here:
Signature of E	valuator			Date		

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Candidate's Name						
Evaluator's Name	Title _					
Address						
NOTE: Please refer to the instruc						
With what peer group are you co	omparing this applicant?					
Under what circumstances and o	during what period have you	a known this applicant?				
To be completed by candidate (F	Please sign A or B):					
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Sig	gnature	 Date				
B. I decline to waive my right to	see this evaluation should I	matriculate at the University of Missouri.				
Sig	nature	 Date				

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9.	Is capable of independent thinking; is able to reach independent conclusions (even unconventional ones).
10.	Is imaginative, creative; has originality.

Please feel free to add relevant comments and specific examples in the space provided following each item. If

	_ 11.	Is able to con	nmunicate	well in every	day activities.			
	_ 12.	Is a person of integrity, is highly principled; is honest.						
	_ 13.	Is able to lear to all sorts of		ers; is charita	able toward m	istakes and fail	ures of others; is	adaptable
	_ 14.	Is motivated toward a career in Veterinary Medicine primarily by idealism, compassion, and the desire to serve others.						
	_ 15.	Is aware of hi	is/her own	limitations a	nd tolerant of	the opinions ar	d lifestyles of ot	hers.
	_16.	Has a warm,	outgoing, f	riendly perso	nality; is chee	ful, optimistic;	has a sense of h	umor.
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 Marginal	2	3 Ave	4 erage	5 Outs	6 tanding	
Othe	r specific	instance, beh	aviors of th	e applicant, a	and summary	comments are	welcomed here:	