THE UNIVERSITY OF MISSOURI - COLUMBIA
COLLEGE OF VETERINARY MEDICINE
PRE-VETERINARY MEDICINE 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).

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 whom 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 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: Pre-Veterinary Medicine Scholars Program, W-203 Veterinary Medicine Building, College of Veterinary Medicine, University of Missouri, Columbia, MO 65211.

7. Applications must be received in our office by April 1 of your senior year or September 15 as MU Freshman.

8. Completed application files will be reviewed by a screening committee for a decision to offer an interview. Interviews will be held April 1 - May 1 or September 15 – November 1. The selection committee will meet on a regular basis to review applicants who have been interviewed, and applicants will be notified of decisions in a timely manner. Please note that earlier applications will receive earlier consideration and response.

Current University of Missouri-Columbia Freshmen

1. Achieve a composite score of 30 on the American College Test (ACT) or an equivalent score on the Scholastic Aptitude Test (SAT).

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. 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: Pre-Veterinary Medicine Scholars Program, W-203 Veterinary Medicine Building, College of Veterinary Medicine, University of Missouri, 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.

7. The deadline for applications to be received in our office for MU freshmen is September 1 or April 1.

8. Completed applications will be reviewed by a screening committee for a decision to offer an interview. Interviews will be held September 15 - November 1 or April 17 – May 1. The selection committee will meet on a regular basis to review applicants who have been interviewed, and applicants will be notified of decisions in a timely manner.
Pre-Veterinary Medicine Scholars Program
APPLICATION FOR 2008 MATRICULATION
(Must be received in our office by April 1 or September 15)

INSTRUCTIONS: Please print or type

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

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

ACT SCORE _________

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Permanent Address

<table>
<thead>
<tr>
<th>Street and Number</th>
<th>City, State, Zip</th>
</tr>
</thead>
</table>

Telephone No. (____) _________________
Area Code _ Number

Social Security No. __________________

Birthday ___________________________
Month Day Year

Place of Birth ____________________________

U.S. Citizen _____ Yes _____ No
Permanent U.S. Resident _____ Yes _____ No

Father/Guardian ________________________________________
Living? _____ Yes _____ No

Address ________________________________________
Street and Number

Telephone _______________________

City, State, Zip

Education/College(s) ____________________________

Degree(s) ____________________________

Occupation ____________________________

Mother/Guardian ________________________________________
Living? _____ Yes _____ No

Address ________________________________________
Street and Number

Telephone _______________________

City, State, Zip

Education/College(s) ____________________________

Degree(s) ____________________________

Occupation ____________________________

Age(s) of Your Brother(s) _______________________
Age(s) of Your Sister(s) _______________________

(Must be received in our office by April 1 or September 15)
List, in order, all high schools attended:

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>City and State</th>
<th>Dates of Attendance</th>
<th>Graduation Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>Current</td>
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<tr>
<td>Previous</td>
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</tbody>
</table>

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. _____________________
In the space provided, please discuss your goals.
GUIDANCE COUNSELOR REPORT

Candidate’s Name_________________________________________   Social Security No._________________

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 ____________________
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 Marginal
2 Average
3
4
5
6 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.
Pre-Veterinary Medicine Scholars Program

ADMISSIONS EVALUATION FORM

INSTRUCTIONS FOR EVALUATORS

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 573-884-6435. After completing this form, please return it to: Office of Admissions, W-203 Veterinary Medicine Building, 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.
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.


_____ 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).

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
<td></td>
<td>Marginal</td>
<td>Average</td>
<td></td>
<td></td>
<td></td>
<td>Outstanding</td>
</tr>
</tbody>
</table>

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

Signature of Evaluator _________________________________________________ Date __________________
Pre-Veterinary Medicine Scholars Program

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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

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Signature                              Date
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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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Pre-Veterinary Medicine Scholars Program

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   ___________________________   ___________________________
   Signature                    Date

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   ___________________________   ___________________________
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    1  2  3  4  5  6
Marginal  Average  Outstanding

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