



**Veterinary Early Commitment Program for Students Interested in
Food Supply Medicine**

The Ohio State University Application Form

Personal Information

First name _____ Last Name _____ Middle Initial _____ Suffix _____

Any other name on previous academic records _____

Date of birth* ____/____/____ Age* _____ Gender* _____

*This information is option and for reporting purposes only

Current Mailing Address Month _____ Year _____ until Month _____ Year _____

Address _____

City _____ State _____ Zip _____

Country (if not United States) _____

Home Phone Number _____ Work Phone Number _____ Cell Phone _____

Email _____ Preferred method of Contact _____

Permanent address (if different) Since Month _____ Year _____

Address _____

City _____ State _____ Zip _____

Country (if not United States) _____

Home Phone Number _____

Are you a United States Citizen _____ If no, country of citizenship _____

State of Legal Residency _____ since Month _____ Year _____

United States military veteran _____ since Month _____ Year _____

Branch _____ Type of Discharge _____

VECP Application continued

High School Information

School Attended _____ Year of Graduation _____

City _____ State _____

GPA _____ Class rank _____ Graduating class size _____

ACT or SAT score _____

Undergraduate Program Information

Cumulative GPA _____ Major GPA _____ Minor GPA _____

Academic Major/Specialization (select one)

- | | |
|--|---|
| <input type="checkbox"/> Animal Science Nutrition | <input type="checkbox"/> Animal Industries Specialization |
| <input type="checkbox"/> Animal Biosciences Specialization | <input type="checkbox"/> Veterinary Technology Specialization |
| <input type="checkbox"/> Meat Sciences | |

Academic Minor (if applicable) _____

Number of years in major _____

Institutions attended:

_____ from _____ Month _____ Year _____ to Month _____ Year _____

_____ from _____ Month _____ Year _____ to Month _____ Year _____

_____ from _____ Month _____ Year _____ to Month _____ Year _____

Expected date of graduation: Month _____ Year _____ GRE (optional): Year _____ Score _____

VECP Application continued

Academic Progress Information

Prerequisite Summary Worksheet

List the courses you have taken or will take to complete the Veterinary Medicine prerequisites. Students must be eligible to enroll in CHEM 2510 prior to the interviews for the program. All courses must be completed by the end of summer semester of matriculation.

<i>Course Subject and Number</i>	<i>Credit Hours</i>	<i>Year Completed</i>	<i>College or University</i>	<i>Grade</i>
Biochemistry 4511	_____	_____	_____	_____
Microbiology 4000	_____	_____	_____	_____
Physiology 3200 or ANIMSCI 3140	_____	_____	_____	_____
Communication 2110 or AGCOMM 3130	_____	_____	_____	_____

***Science Electives (35 credit hours) – please list science electives**

Science Elective	_____
Science Elective	_____
Science Elective	_____
Science Elective	_____
Science Elective	_____
Science Elective	_____
Science Elective	_____
Science Elective	_____

Science Elective includes, but not limited to: Biology, chemistry, anatomy, immunology, cell biology, molecular genetics, animal science, ecology, environmental science or other science courses.

Biochemistry, Microbiology, Physiology, and Communication - **must be completed with (1) a grade of C or better in each course, (2) a 3.0 (B) average among the courses, and (3) no more than one C between any of the four courses.**

- Courses that were previously required as prerequisites, but will not be required in our new set of prerequisites, can still be used towards the 35 hours required for the science electives. (e.g. physics, general biology, general chemistry, organic chemistry, molecular genetics.)
- If you have received more than one C in your capstone courses, or if the average for the courses is below a 3.0, this will need to be rectified before the respective admissions cycle.

In addition to completing the above prerequisite sheet,
attach your most recent OSU Advising Report

VECP Application continued

References

List names of persons you have asked to complete a personal reference form (and the date of your request). Three forms must be in our file to be considered by the committee. One reference must be a practicing veterinarian (a reference from a food animal veterinarian is highly encouraged), one must be a faculty member in the Department of Animal Sciences, and the third may be of your choice. References must be received by June 30.

Veterinary Reference

Name _____

Clinic or practice _____

Date Requested _____/_____/_____

Address _____

City _____ State _____ Zip _____

Office phone number _____ Email _____

How long and in what capacity have you known this referrer?

Animal Science Faculty Reference

Name _____

University Appointment _____

Date Requested _____/_____/_____

Address _____

City _____ State _____ Zip _____

Office phone number _____ Email _____

How long and in what capacity have you known this referrer?

VECP Application continued

Applicant's Choice Reference

Name _____

Clinic or practice _____

Date Requested _____/_____/_____

Address _____

City _____ State _____ Zip _____

Office phone number _____ Email _____

How long and in what capacity have you known this referrer?

Work and Animal Handling Experience

Select one: ☐Animal Experience ☐Veterinary Experience ☐Industry Experience

Supervisor Name _____

Organization _____

Responsibilities (Include estimate of percent of time dedicated to the task)

Animal Species _____

Contact Hours: _____ from Month _____ Year _____ until Month _____ Year _____

Select one: ☐Paid ☐Volunteer

VECP Application continued

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VECP Application continued

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Select one: ☐Paid ☐Volunteer

Additional sheets may be attached to list other work, animal, or veterinary experiences.

VECP Application continued

Extracurricular and Community Activities

Organizations: Specify number of years, if this was during high school or college, and level of involvement, i.e. officer, committee chair, member, etc.

Community Service: Specify number of years, if this was during high school or college, and level of involvement, i.e. officer, committee chair, member, etc.

VECP Application continued

Letter of Intent

On a separate sheet, provide a biographical account that outlines your background in the food producing animal industries or food supply veterinary practice. List factors that stimulated your interest and involvement in food animal medicine and include food producing-animal related work experience and agriculture/veterinary medicine extracurricular activities. The letter of intent should not exceed 750 words.

IMPORTANT INFORMATION

The Program Selection Committee will reject any applicant, should they find evidence of falsification of documents or requirements of any kind, or if the applicant has engaged in conduct inconsistent with becoming a member of the profession. Participation in the Veterinary Early Commitment Program does not exempt any individual from a determination by the admissions committee of their character and fitness for the profession.

Acceptance to and participation in the Program in no way guarantees admission to the College of Veterinary Medicine. Students must meet all of the other criteria and pass all of the other evaluation processes before admission. This includes minimum GPA, completion of approved prerequisites, and completion of a B.S. degree in Animal Sciences.

The OSU-CVM will maintain records up to the time of graduation from professional school of all students admitted through the Program, to assess the impact of the Program on promoting careers in food/production animal medicine. After graduation of these students, evaluations will be continued for 2 years to determine if they have maintained this professional choice. Students accepting admission through the Program accept their responsibility to participate in outcome assessment following graduation.

Certification of Truth Statement

I affirm that the information I have provided on this application and any other information that I have submitted or will submit to the Selection Committee for the Veterinary Early Commitment Program for Students Interested in Food Animal Medicine is complete and accurate. I understand that submission of incomplete or inaccurate information may invalidate my application. I authorize each academic institution I have attended to release my academic and personal information to the Selection Committee in connection with the evaluation process.

☐ **I agree**

Signature _____ Date ____/____/____

APPLICATION AND ALL SUPPORTING INFORMATION IS DUE BY JUNE 30 TO:

Veterinary Early Commitment Program
Coordinator Attn: Sandra Dawkins, OSU CVM
1900 Coffey Road
Columbus, OH 43210
dawkins.12@osu.edu