

**APPLICATION FOR TRANSFER TO
IOWA STATE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE**

Iowa State University requests the information on this application for the purpose of making an admission decision about you. No information from the application is routinely provided to persons outside the university except those items which are defined as public information. Responses to items marked "optional" are optional: responses to all other items are required. **If you fail to provide the required information, the university will not consider your application.**

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO BE FAMILIAR WITH AND COMPLY WITH ALL
REQUIREMENTS AND DEADLINES FOR TRANSFER**

1. Name: _____
(LAST) (FIRST) (MIDDLE) (OTHER LAST NAMES THAT MAY APPEAR
ON PREVIOUS ACADEMIC TRANSCRIPTS)

2. Permanent home address: _____
(NUMBER & STREET) (CITY) (STATE) (ZIP)

How long have you been at this address? _____ Permanent home phone : _____

3. Present address: _____
(NUMBER & STREET) (CITY) (STATE) (ZIP)

Dates when we can write to this address: _____ E-mail: _____

Present phone numbers: _____

4. Have you ever applied to ISU College of Veterinary Medicine as a new student through VMCAS? Yes No What Year? _____

5. **Term in which you request to transfer:** _____
(SEMESTER) (YEAR)

Please note, if accepted, you will be admitted to the class that more closely aligns with where you fit in our program based on comparison of the two curricula.

6. **Class to which you wish to transfer:** 1st Year 2nd Year 3rd Year 4th Year

7. Degrees received:

University/State: _____	Degree: _____	Major: _____	Date: _____
University/State: _____	Degree: _____	Major: _____	Date: _____
University/State: _____	Degree: _____	Major: _____	Date: _____

8. Soc. Sec. #: _____ (optional)
9. **Gender:** Man Woman Genderqueer Non-Binary
 Other Prefer not to disclose

10. Birth date: (MM) (DD) (YYYY) _____

11. **U.S. Citizen:** Yes No State of legal residence: _____
Country of citizenship: _____ Type of visa: _____

12. **Racial/ethnic background (optional)** **Ethnicity:** Hispanic Non-Hispanic
Race: American Indian/ Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Four or more races

PLEASE TYPE

13. SECONDARY AND POSTSECONDARY INFORMATION:

High School: _____ City: _____ State: _____ Year of Graduation: _____

You are required to ascertain that each college at which you have an academic record has sent an official transcript to the College of Veterinary Medicine, 2270 Veterinary Medicine, Iowa State University, P.O. Box 3020, Ames, IA 50010-3020, 60 days prior to the start of the term to which you want to transfer. An incomplete academic record will disqualify your application.

UNDERGRADUATE COLLEGES

(NAME OF INSTITUTION)	(CITY/STATE)	(ATTENDED FROM MO/YR TO MO/YR)
(NAME OF INSTITUTION)	(CITY/STATE)	(ATTENDED FROM MO/YR TO MO/YR)
(NAME OF INSTITUTION)	(CITY/STATE)	(ATTENDED FROM MO/YR TO MO/YR)
(NAME OF INSTITUTION)	(CITY/STATE)	(ATTENDED FROM MO/YR TO MO/YR)
(NAME OF INSTITUTION)	(CITY/STATE)	(ATTENDED FROM MO/YR TO MO/YR)

GRADUATE/PROFESSIONAL COLLEGES

(NAME OF INSTITUTION)	(CITY/STATE)	(ATTENDED FROM MO/YR TO MO/YR)
(NAME OF INSTITUTION)	(CITY/STATE)	(ATTENDED FROM MO/YR TO MO/YR)

14. Provide the NAMES and PHONE NUMBERS of the evaluators from whom we will be receiving the three required evaluations.

Name	Email	Phone Number
1.		
2.		
3.		

15. Please explain below your reasons for requesting transfer to the College of Veterinary Medicine at Iowa State University.

16. Have you ever pled no contest or been convicted of a felony? Yes No

If yes, provide a full explanation below. (This information will not automatically exclude you from admission, but it will be considered when evaluating your application. Most states will not permit those convicted of felony violations to hold a veterinary license.)

PLEASE TYPE

SIGNATURE PAGE

My signature below certifies that, to the best of my knowledge, the information on my application is complete and correct. I agree to provide additional information in a timely manner if requested. **I understand that it is my responsibility to be familiar with and comply with all requirements and deadlines for transfer admission to the College of Veterinary Medicine at Iowa State University. Furthermore, I understand that it is my responsibility to see that complete information (all transcripts, application fee, evaluator letters) is sent by the indicated deadline.**

Signature _____ Date _____

PLEASE NOTE:

This page must be signed and included with your completed application and \$80 application (\$100 for international students) fee made payable to Iowa State University.

Mail application and signature page to: CVM Transfer Admissions
c/o Dr. Monica Howard
2270 E Veterinary Medicine
Iowa State University, College of Veterinary Medicine
1800 Christensen Drive
Ames, IA 50011-1134