

IOWA STATE UNIVERSITY
College of Veterinary Medicine
TRANSFER POSITION ACCEPTANCE

Name: _____

_____ **YES**, I accept my non-resident position in the Iowa State University College of Veterinary Medicine. I understand that I should expect to pay non-resident tuition during my professional education program unless I provide the ISU Registrar's Office sufficient evidence that I have established my domicile in Iowa pursuant to Rule 681 IAC Section 1.4 of the Board of Regents, State of Iowa. Enclosed is my non-refundable check for \$750 payable to Iowa State University which will be applied to my Spring 2026 tuition upon matriculation.

SIGNATURE: _____

**ESSENTIAL FUNCTIONS & TECHNICAL STANDARDS
AGREEMENT**

By signing below, I acknowledge that I have read the *Essential Functions and Technical Standards Policy* (<https://vetmed.iastate.edu/future-dvm-students/still-exploring/pre-veterinary-requirements/3essential-functions-and-technical-standards/>) of the College of Veterinary Medicine at Iowa State University. I have reviewed and understand the policy, what may be expected of me as a student in the professional veterinary medical program of study, and certify that I am able to meet these standards with or without reasonable accommodation.

Print Name

Signature

Date

PLEASE return this form with your \$750.00 check payable to Iowa State University. It must be **postmarked** by **January 9, 2026** to:

**CVM Transfer Admissions
2270E Patterson Hall
Iowa State University College of Veterinary Medicine
1800 Christensen Drive
Ames, IA 50011-1134**