

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 for the four years of my professional 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 Fall 2023 tuition upon matriculation.

**SIGNATURE:** \_\_\_\_\_

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**ESSENTIAL FUNCTIONS & TECHNICAL STANDARDS  
AGREEMENT**

By signing below, I acknowledge that I have read the *Essential Functions and Technical Standards Policy* (<http://www.vetmed.iastate.edu/students/future-dvm-students/apply-college/transfer-admissions/information-students-accepted-transfer/essential-functions-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 **June 1, 2023** to:

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