

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 \$500 payable to Iowa State University which will be applied to my Spring 2021 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* (<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 \$500.00 check payable to Iowa State University **postmarked** by **December 28, 2020** to:

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