

Transfer Application

Important Information

Please carefully read the Transfer Application Information that is included with this application package so that you understand the details of the program. **Failure to follow the instructions below could delay or cancel the processing of your application.** Electronic submissions will not be accepted.

Transfer Eligibility Requirements

To be considered eligible for consideration:

- 1. The applicant must have completed all of the pre-veterinary education pre-requisite courses required (at a regionally accredited college or university) of traditionally admitted, first year University of Illinois veterinary students. The pre-requisite science courses must be graded with no grade lower than a C- achieved.
- 2. The applicant must have a **minimum** cumulative grade point average of 3.0/4.0 (2.0 = C) in all undergraduate course work, as well as current veterinary school course work. Likewise, a 3.0/4.0 (2.0 = C) average is the minimum grade point average acceptable in science coursework.
- 3. The applicant must be available to complete the unique University of Illinois first year clinical experience for a minimum of 4 weeks during the summer after enrollment in our second year curriculum.

Personal Statement: Your personal statement must be prepared using a minimum of a 12-point font and one inch margins. Use the Personal Statement page provided with the application and copy if necessary. The statement should not exceed two (2) pages.

Your statement should discuss:

- 1. A *brief and focused* statement about why you have selected to pursue a career in veterinary medicine.
- 2. Your current thoughts about what area of veterinary medicine you wish to contribute to aftergraduation.
- 3. A couple of comments about what you learned about the science and medicine of the veterinary profession through externships, employment, and volunteer experiences with veterinarians.
- 4. Why are you requesting this transfer?
- 5. Other information you would like us to consider that you think is important to this application.

Explanation Page: You may use the explanation page which is included with the application to provide additional information about Item 22 (Veterinary/Animal Experience), Item 23 (Animal Experience), Item 24 (Employment History), Item 26 (Honors and Awards) and Item 27 (Extracurricular and Community Activities). The same rules for formatting the Personal Statement apply to the Explanation Page.

Letters of Recommendation: A minimum of three letters of recommendation are required and must be submitted with your application. **One letter must be from a veterinarian and one must be from an instructor.** Each letter should be enclosed in a sealed, business envelope with the evaluator's signature across the flap of the envelope.

Letter of Good Standing: A sealed statement by an official of your current veterinary school that indicates you are currently a student in good standing must also be submitted with your application.

Submission of Transcripts: You must submit official transcripts for **ALL** course work taken (all undergraduate colleges and post-graduate colleges attended, as well as your current veterinary school) in labeled official institutional envelopes. The transcript(s) submitted must match the institutions listed in Item 31.

To be considered complete an application must include the following:

- 1. The completed transfer application.
- 2. Personal statement.
- 3. Explanation page, if needed.
- 4. Three sealed letters of recommendation.
- 5. Statement of good standing from your current veterinary school.
- 6. All official transcripts.
- 7. Application fee of \$65.00 in the form of a personal or cashier's check made payable to the University of Illinois at Urbana-Champaign.

Deadline: Applicants are encouraged to apply as early as possible. For an application to be valid, it must be postmarked on or before May 31, 2021. **There will be NO exceptions.**

Nondiscrimination Notice: The commitment of the University of Illinois at Urbana-Champaign (Illinois) to the most fundamental principles of academic freedom, equality of opportunity, and human dignity requires that decisions involving students and employees be based on merit and be free from invidious discrimination in all its forms. The University does not engage in discrimination or harassment against any person because of race, color, religion, sex, pregnancy, disability, national origin, citizenship status, ancestry, age, order of protection status, genetic information, marital status, sexual orientation, gender identity, arrest record status, unfavorable discharge from the military, or status as a protected veteran and complies with all federal and state nondiscrimination, equal opportunity, and affirmative action laws, orders, and regulations.

The following person has been designated to handle inquiries regarding the nondiscrimination policies:
Director of the Office for Access & Equity
616 East Green Street, Suite 214
Champaign, IL 61820
accessandequity@illinois.edu
(217) 333-0885

Please refer to the <u>University of Illinois System website</u> (https://go.illinois.edu/U-of-I-SYSTEM-STATEMENT) for the most up-to-date statement on Sex Discrimination, Sexual Harassment and Other Sexual Misconduct.

University of Illinois System Statement on Sexual Discrimination, Sexual Harassment and Other Sexual Misconduct

For more information about the University of Illinois College of Veterinary Medicine, please visit our website: http://vetmed.illinois.edu

If you have questions about this application please contact us at 217-265-0380 or admissions@vetmed.illinois.edu

Instructions

Following are instructions for completing the University of Illinois College of Veterinary Medicine Transfer Application. Some items are not referenced because they are self-explanatory or because the application form provides sufficient information.

- **Item 1.** Provide your full legal last, first, and middle names. Do not use nicknames or parentheses to set off alternate names.
- **Item 2.** Complete this item only if you know you have used an alternate name on previous academic records. If any part of your alternate name is different from Item 1, enter all parts of your alternate name, i.e. you are currently using a married name that may not appear on one of your transcripts.
- **Item 3.** Use the space to report your current e-mail address.
- **Item 4.** You should be notified of the application on or before June 30, 2021.
- **Item 5.** If your permanent address is also the current address you entered in Item 5, leave this item blank.
- **Item 9.** You may indicate your race by checking one or more of the statements that apply to you. Your response(s) to this item is optional and will be treated confidentially.
- **Item 12.** To be completed by applicants who are not U.S. Citizens.
- **Items 14-21.** Information in these items **MUST** be completed. If a parent is deceased you need only circle the word deceased and leave the subsequent data boxes blank.
- Item 22. The veterinary experiences you report in this item should relate to any veterinary clinical, agribusiness, health science or research experience that you have had with veterinarians, other health scientists or other professionals. This should include all voluntary, paid or academic experiences, **beginning with the most recent**. If necessary, use the explanation page to list additional experiences.
- Item 23. The animal experiences provided for this item should be separate from those entered in Item 22. They should include experiences such as farm and/or ranch background, family pets, 4-H membership, animal training, or other similar activities. These experiences should be independent of those that occurred under the supervision of health professionals. If necessary, use the explanation page to list additional experiences.
- **Item 24.** Include all paid beginning with your most recent job.
- Items 26 and 27. Because space is limited, list those items you feel are *most* important first.
- Item 28 30. Respond completely to all parts of this item. All institutions that you have attended must be listed here, including profession/graduate schools. Official transcripts from all institutions listed in Item 30 must be included with your application in sealed official institutional envelopes. The institution's seal, or official signature, must be present over the sealed flap of the envelope for each transcript.

CURRENT STATUS

At this time there are currently no seats available for Fall 2021, Class of 2024. You may choose to submit this application, but we will not know if seats are available until late May. No refunds will be given. The Admissions Advisory Committee will not evaluate transfer applications until mid to late June each year.

Decisions will be communicated no later than June 30, 2021.

APPLICATION FOR TRANSFER ADMISSION

University of Illinois College of Veterinary Medicine

Application period: April 1 – May 31

NOTE: Please read the application instructions carefully, type your answers, enter your name on each page following this one, and sign the application on page 6.

PERSONAL INFORMATION

c. County

PERSUNAL INFURIVIATION		
1. WHAT IS YOUR FULL LEGAL NA	ME?	
a. Last:	b. First:	c. Middle:
2. ANY OTHER NAME ON PREVIO	US ACADEMIC RECOR	DS?
a. Last:	b. First:	c. Middle:
3. EMAIL ADDRESS:		CONFIRM EMAIL:
4. CURRENT MAILING ADDRESS	Since (mm/year):	
a. Number and Street:		
b. Address Line 2:		
c. City:	State: e. Zi	p f. Current until (mm/year):
g. County:	h. Country if no	ot USA:
i. Current Phone Number(s) Day:		Evening:
5. PERMANENT ADDRESS (if diffe	rent from Item 4): S	iince (mm/year):
a. Number and Street:		
b. Address Line 2:		
c. City:		d. State: e. Zip:
f. County:	g. Country:	h. Permanent phone:
OTHER PERSONAL INFORM	ATION	
6. DATE OF BIRTH: (mm/dd/y	rear):	
7. AGE TODAY:		
8. GENDER: Male	Female	Non-Binary
9. WHAT IS YOUR ETHNIC IDENTI	TY? (optional)	
a. Ethnicity (choose one):	Hispanic Non	-Hispanic
b. Race (click as many as apply):	Caucasian/Mi	ddle Eastern African American
	American Ind	ian/Alaskan Native Asian
	Other (please	explain)
10. PLACE OF BIRTH:		
a. City:		b. State:

d. Country if not USA:

Page 2:		LAST NAI	ЛЕ:	FIRST NAME:					
11 11 6	. CITIZENSHIP:								
11. 0.3.	CITIZENSHIP:								
a. Are yo	ou a U. S. Citizen?	Yes	No						
b. If yes,	what is the state of	of your legal residence?							
12. OTH	HER CITIZENSHIP	:							
a. If not	a U.S. citizen, wha	t is your country of citizen	ship?						
b. What	is your U.S. State o	of Legal Residence?							
c. How le	ong have you lived	in this state? (# years, # n	nonths)						
d. When	did your residence	y in this state begin? (mm,	/dd/year)						
13. MIL	ITARY INFORMA	TION: (optional)							
a. Are yo	ou a veteran of U.S	. military service?	Yes	No					
14. NAI	ME OF YOUR FAT	HER/GUARDIAN:							
a.	Living	Deceased							
b. Last:			c. First:	d. N	ΛI:				
15. FAT	HER/GUARDIAN	'S ADDRESS:							
a. City:									
d. Count	ty:	e. Country	<i>y</i> :	f. Telephone:					
16. FAT	HER/GUARDIAN	'S OCCUPATION:							
17. FAT	17. FATHER/GUARDIAN'S STATE OF LEGAL RESIDENCE: Since: (mm/dd/year)								
18. NAI	ME OF YOUR MO	THER/GUARDIAN:							
a.	Living	Deceased							
b. Last:	b. Last: c. First: d. MI:								
19. MO	THER/GUARDIAI	N'S ADDRESS:							
a. City:			b. State:	c. Zip:					
d Count	·V	e Country	··	f Telenhone:					

Since: (mm/dd/year)

20. MOTHER/GUARDIAN'S OCCUPATION:

21. MOTHER/GUARDIAN'S STATE OF LEGAL RESIDENCE:

Page 3:	LAST NAME:	FIRST NAME:
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VETERINARY/ANIMAL EXPERIENCE

22.	VETERINARY EXPERIENCE:	VETERINARY EXPERIENCE: Clinical/Agribusiness/Health Science/Research. (List most recent experience first.) An explanation of your veterinary experience must be incorporated into your personal statem									
N	lame of Veterinarian/Scientist	City	State	Position	From (mm/yr)	To (mm/yr)	Total # Hours				
a.											
b.											
c.											
d.											
f.											
23.	ANIMAL EXPERIENCE:	Provide a brief description of each experience and indicate hours spent. Do not duplicate any entry from Item 22. Discuss and explain your animal experience in your personal statement.									
	Type of Experience	City	State	Position	From (mm/yr)	To (mm/yr)	Total # Hours				
a.											
b.											
c.											
d.											
e.											
f.											
24.	EMPLOYMENT HISTORY:	Include po Do Not in	nt Job.								
	Type of Experience	City	State	Position	To (mm/yr)	Total # Hours					
a.											
b.											
c.											
d.											
e.											
f.											
25.	Has there been any interval	longer than 3	3 month	s during which you were r	not enrolled as a s	tudent or em	ployed?				
1.	Yes 2. No If	-		ation, including the duratio			see page 5).				
26.	HONORS AND AWARDS:			ors or awards you have receive anization and date received.	ed – including high sc	hool.					
	Name of Honor/Av	vard		Orga		Date (mm/yr)					
a.											
b.											
c.											
d.											
e.											
f.											

Page 4 LAST NAME: FIRST NAME:					IE:														
27. EXTRACURRICULAR & COMMUNITY ACTIVITIES: List and describe extracurricular or comengaged – including high school. Include							e sports and hobbies. Office Held												
ı	Name of Activity							Office Held								From	To (mm/yr)		
a.																			
b.																			
c.																			
d.																			
e.																			
f.																			
28. ACADEMIC	HISTOR	Y	AND CURRENT	S	TATUS:														
College of Veterin	nary Med	dic	ine Currently At	te	nding:														
Current Semester	check (on	e box only):		First		Sec	ond		٦.	Third		Fou	rth		Fifth	T	Six	th
29. DID YOU CO	MPLET	E /	AN UNDERGRA	۱D	UATE DI	EG	REE?		Т	_	a. Yes		<u> </u>	b. N	lo lo	1			
c. Year of Gradua	tion:		d. Colle	ge	Name:									1					
e. City:				_			f. S	tate:											
30. LIST ALL PO	ST-SECC	ON	DARY SCHOOL	LS	ATTEND	IN	G. ST	ARTIN	NG	w	/ITH TH	ΕN	1OST	RECI	ENT	/CURRI	ENT		
List each school o			-	e c	ertain the	ati	the U	niversi	ty o	of	Illinois (Colle	ege o	f Vete	erino	ary Med	icin	e rec	eives an
Received/ Expected Degree (e.g. BA)			School Name			St	ate	Fror (mm/			To (mm/yr))		Co Stud	urse y/M			G	Date Degree ranted/Expected (if applicable) (mm/yr)
31. EVALUATIO	N INFO	R۱	ATION: List th	he	names	of :	the t	hree e	eva	lu:	ators w	/ho	will	send	lett	ters:			
1.				2									3.						
32. HAVE YOU E	VFR AD	PI	IFD FOR ADM			Τŀ	4F I II	NIVFR	SIT	γ	OF ILLI	NO) I I FG	FΩ	F VFTF	SIVI	ΔRY	MEDICINE?
1. Yes	2.	<u> </u>	No		5.5.11 10	- 1 1	01	-1 V L I \	<u> </u>	-	J. ILLII		.5 20	LLLU	_ 0	. VLILI	4	, 1111	LDICINE;
1. 163	۷.		110																

Page 5	LAST NAME:	_FIRST NAME:
EXPLANATION PAGE:		

age 6	LAST NAME:	FIRST NAME:	
PERSONAL STAT	EMENT:		
Your Name <i>Inlea</i>	aseprint):		
ioai itailie (piec			
Your Signature:		Date:	

CHECKLIST FOR TRANSFER APPLICATION

The	following materials MUST be received no later than May 31, 2021:
	Completed Application for Transfer Admission
	Official copies of all undergraduate transcripts (and post-graduate transcripts if applicable)
	Official copy of current veterinary education transcript
	Letter of "good standing" from your current veterinary college
	Three (3) letters of recommendation – at least one (1) MUST be from a veterinarian and one from an instructor.
	Please list the individuals who will be submitting letters below:
	1.
	2.
	3.
	Application fee of \$65.00 in the form of a personal or cashier's check made payable to the University of Illinois at Urbana Champaign
To be conside	ered for transfer admission your materials MUST be sent to the following address:
	Admissions
	The College of Veterinary Medicine
	University of Illinois at Urbana-Champaign
	2271 G Veterinary Medicine Basic Sciences Building

Questions?

Call: 217-265-0380 or

Urbana, IL 61802

Email: admissions@vetmed.illinois.edu

2001 S Lincoln Avenue – MC-002