

# **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:

- 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.
- The applicant must have a minimum cumulative grade point average of 2.75/4.0 (2.0 = C) in all undergraduate course work, as well as current veterinary school course work. Likewise, a 2.75/4.0 (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 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 after graduation.
- 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:* Two letters of recommendation are required and must be submitted with your application. **One letter must be from a veterinarian.** 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. Two sealed letters of recommendation (only 2 (two) will be accepted).
- 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, 2020. **There will be NO exceptions.** 

*University of Illinois at Urbana-Champaign Statement on a Safe Environment:* The University of Illinois at Urbana-Champaign is committed to maintaining a safe environment for all members of the university community. As part of this commitment, the University requires applicants who are under current indictment, or have been convicted of a crime (other than a routine traffic offense or in a juvenile proceeding), to disclose this information is a mandatory step in the application process. A previous conviction or current indictment does not automatically bar admission to the University, but does require review. Complete information must be sent by certified mail at the time of the application for admission to: Review Committee, 300 Student Services Building, University of Illinois, 601 East John Street, Champaign, IL 61820. Applicants are responsible for verifying receipt by the University and for maintaining a copy of the receipt certifying submission. Information to be submitted includes: a brief explanation, location (city, state, country) of conviction or current indictment, dates and court disposition, in English. This statement must also include a grant of permission to the University for complete access to criminal records, if any. For further information on this requirement, call (217) 333-0050.

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

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, 2020.
- **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 2020, Class of 2023. 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, 2020.

## **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

1. WHAT IS YOUR FULL LEGAL NAME?							
a. Last:	b. First:		c. Middle:				
2. ANY OTHER NAME ON PREVIOUS ACADEMIC RECORDS?							
a. Last:	b. First:		c. Middle:				
3. EMAIL ADDRESS:		CONFIRM EMAIL:					
4. CURRENT MAILING ADDR	Since (mm/year):						
a. Number and Street:							
b. Address Line 2:							
c. City:	d. State: e. Z	ip	f. Current until (mm/year):				
g. County: h. Country if not USA:							
i. Current Phone Number(s) Day: Evening:							
5. PERMANENT ADDRESS (if different from Item 4): Since (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 INFORMATION**

6. DATE OF BIRTH	: (mm/dd/year):							
7. AGE TODAY:								
8. GENDER: Male		Female						
9. WHAT IS YOUR ETHNIC IDENTITY? (optional)								
a. Ethnicity (ch	oose one): Hispanic	Non-Hispanic						
b. Race (click as many as apply):		Caucasian/Middle Eastern	African American					
		American Indian/Alaskan Native	Asian					
		Other (please explain)						
10. PLACE OF BIRTH:								
a. City:		b. State:						
c. County		d. Country if not USA:						

Page 2:	LAST NAME:	FIRST NAME:						
11. U.S. CITIZENSHIP:								
a. Are you a U. S. Citizen?	Yes No							
b. If yes, what is the state of your legal residence?								
12. OTHER CITIZENSHIP:								
a. If not a U.S. citizen, what is your country of citizenship?								
b. If not a U.S. citizen, what is your status?								
Immigrant/permanent U.S.	resident R	Refugee Non-Immigrant						
c. What is your U.S. State of Legal Re	esidence?							
d. How long have you lived in this st	ate? (# years, # months)							
e. When did your residency in this st	tate begin? (mm/dd/year	)						
f. If you are a permanent resident of	f the U.S., what is your ali	ien registration number?						
g. Where was it issued?								
h. When was it issued? (mm/dd/yea	ır)							
i. If you are a non-permanent reside	nt alien, indicate your vis	a classification:						
13. MILITARY INFORMATION: (o	optional)							
a. Are you a veteran of U.S. military	service? Y	/es No						
b. Length of service? From: (mm/d	ld/year)	To: (mm/dd/year)						
c. What type of discharge/separatio	n did you receive?							
14. NAME OF YOUR FATHER/GU	ARDIAN:							
a. Living Dece	eased							
b. Last:	c. F	irst: d. MI:						
15. FATHER/GUARDIAN'S ADDR	ESS:							
a. City:	b. Sta	te: c. Zip:						
d. County:	e. Country:	f. Telephone:						
16. FATHER/GUARDIAN'S OCCU	PATION:							
17. FATHER/GUARDIAN'S STATE	OF LEGAL RESIDENCE	Since: (mm/dd/year)						
18. NAME OF YOUR MOTHER/G	UARDIAN:							
a. Living Dece	ased							
b. Last:	c. Fi	rst: d. MI:						
19. MOTHER/GUARDIAN'S ADDRESS:								
a. City:	b. St	ate: c. Zip:						
d. County	e. Country:	f. Telephone:						
20. MOTHER/GUARDIAN'S OCCUPATION:								
21. MOTHER/GUARDIAN'S STAT	E OF LEGAL RESIDENC	E: Since: (mm/dd/year)						

Page 3:

LAST NAME:\_\_\_\_\_

FIRST NAME:\_\_\_\_\_

# VETERINARY/ANIMAL EXPERIENCE

22.	VETERINARY EXPERIENCE:	<b>Clinical/Agribusiness/Health Science/Research</b> . (List most recent experience first.) An explanation of your veterinary experience must be incorporated into your personal statement.							
N	lame of Veterinarian/Scientist	City	State	Position	From (mm/yr)	To (mm/yr)	Total # Hours		
a.									
b.									
с.									
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.									
с.									
d.									
e.									
f.									
24.	EMPLOYMENT HISTORY:		Include paid employment only – including high school – and start with your most recent Job. <b>Do Not</b> include any experiences listed in Items 22 or 23.						
	Type of Experience	City	State	Position	From (mm/yr)	To (mm/yr)	Total # Hours		
a.									
b.									
c.									
d.									
e.									
f.									
25.	Has there been any interval	longer than $\Im$	8 month	s during which you were no	ot enrolled as a s	tudent or en	nployed?		
1.	Yes 2. No If		-	ation, including the duration		-	(see page 5).		
26.	HONORS AND AWARDS:			nors or awards you have received – including high school. ganization and date received.					
	Name of Honor/Av	vard		Orgar	Date (mm/yr)				
a.									
b.									
c.									
d.									
e.									
f.									

Pag	ge 4		LAST NAME				FIRST NAM	E:		
27.	27. EXTRACURRICULAR & COMMUNITY ACTIVITIES: List and describe extracurricular or community activities in which you were engaged – <i>including high school</i> . Include sports and hobbies. Office Held						bies. Office Held			
	Ν	lame of Activity			Off	ice Held		From (mm/	/yr) To (mm/yr)	
a.										
b.										
C.										
d.										
e.										
f.										
28.	ACADEMIC I	HISTORY AND CURRE	ENT STATUS	:					L	
Coll	ege of Veterin	ary Medicine Currently	Attending:							
Cur	rent Semester	(check one box only):	First	Sec	ond	Third	Fourth	Fifth	Sixth	
29.	DID YOU CO	MPLETE AN UNDER	GRADUATE I	DEGREE?	,	a. Yes	b. No			
c. Y	ear of Graduat	ion: d. Co	ollege Name:		l					
e. C	ity:			f. S	state:					
30.	LIST <u>ALL</u> POS	ST-SECONDARY SCH	OOLS ATTEN	DING, S		NITH THE	MOST RECENT	/CURRENT.		
		ttended only once, an from each school liste		hat the L	Iniversity o	f Illinois Co	llege of Veterind	ary Medicine	receives an	
	Received/ ected Degree (e.g. BA)	School Na	me	State	From (mm/yr)	To (mm/yr)	r) Course of Granted, Study/Major (if app		Date Degree Granted/Expected (if applicable) (mm/yr)	
31.	31. EVALUATION INFORMATION: List the names of the two evaluators who will send letters:									
1. 2.										
32.	32. HAVE YOU EVER APPLIED FOR ADMISSION TO THE UNIVERSITY OF ILLINOIS COLLEGE OF VETERINARY MEDICINE?									
1.	Yes	2. No								

LAST NAME:\_\_\_\_\_

EXPLANATION PAGE:

PERSONAL STATEMENT:

Your Name (please print): \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **CHECKLIST FOR TRANSFER APPLICATION**

#### The following materials MUST be received no later than May 31, 2020:

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

Two (2) letters of recommendation – at least one (1) **MUST** be from a veterinarian.

Please list the individuals who will be submitting letters below:

1.

2.

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 considered 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 2001 S Lincoln Avenue – MC-002 Urbana, IL 61802

#### **Questions?**

Call: 217-265-0380 or Email: admissions@vetmed.illinois.edu