

I
ILLINOIS
College of Veterinary Medicine
Transfer Application Instructions

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 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 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.

Additional Page: You may use the additional page which is included with the application to provide additional information about Item 21 (Veterinary/Animal Experience), Item 22 (Animal Experience), Item 23 (Employment History), Item 24 (Enrollment), Item 25 (Honors and Awards) and Item 26 (Extracurricular and Community Activities). The same rules for formatting the Personal Statement apply to the Additional Page. You must include the item number for each explanation.

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. If submitting the application electronically, letters must be submitted directly from the recommender.

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. If submitting the application electronically, the letter must be submitted directly from the institution.

Submission of Transcripts: You must submit official transcripts for **ALL** coursework taken (all undergraduate colleges and post-graduate colleges attended, as well as your current veterinary school) in labeled official institutional envelopes, or electronically, directly from the institution. 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. Additional page, if needed.
4. Three sealed letters of recommendation, or electronic submission by the recommenders.
5. Statement of good standing from your current veterinary school, or electronic submission by the institution.
6. All official transcripts.
7. Application fee of **\$60.00** paid via the electronic form:

<https://go.vetmed.illinois.edu/ASA-DVM-application-processing-fee>

Deadline: Applicants are encouraged to apply as early as possible. For an application to be valid, it must be received on or before **May 31**. **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 [University of Illinois System website](https://go.illinois.edu/U-of-I-SYSTEM-STATEMENT) (<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**.
- 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.
- Items 13-20.** 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 21.** 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 additional page to list additional experiences.
- Item 22.** The animal experiences provided for this item should be separate from those entered in Item 21. 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 additional page to list additional experiences.
- Item 23.** Include all paid beginning with your most recent job.
- Items 25 and 27.** Because space is limited, list those items you feel are **most** important first.
- Item 27 – 28.** 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 29 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. If submitting electronically, transcripts must be sent directly from the institution.
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CURRENT STATUS

At this time there are currently no seats available for **Fall matriculation into the current second year class**. 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**.

CHECKLIST FOR TRANSFER APPLICATION

The following materials **MUST** be received no later than **May 31**:

- ☐ 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. Letters must be received directly from the recommender if submitting the application electronically.

Please list the individuals who will be submitting letters below:

1.

2.

3.

- ☐ Application fee of **\$60.00** paid via the electronic form:
<https://go.vetmed.illinois.edu/ASA-DVM-application-processing-fee>

To be considered for transfer admission your materials **MUST** be sent to the following address or emailed to admissions@vetmed.illinois.edu:

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

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 ADDRESS Since (mm/yyyy):			
a. Number and Street:			
b. Address Line 2:			
c. City:	d. State:	e. Zip	f. Current until (mm/yyyy):
g. County:		h. Country if not USA:	
i. Current Phone Number(s)		Day:	Evening:
5. PERMANENT ADDRESS (if different from Item 4): Since (mm/yyyy):			
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/yyyy):			
7. AGE TODAY:			
8. GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary			
9. WHAT IS YOUR ETHNIC IDENTITY? (optional)			
a. Ethnicity (choose one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
b. Race (click as many as apply): <input type="checkbox"/> Caucasian/Middle Eastern <input type="checkbox"/> African American			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian			
<input type="checkbox"/> Other (please explain)			
10. PLACE OF BIRTH:			
a. City:		b. State:	
c. County		d. Country if not USA:	

11. CITIZENSHIP:		
a. Legal status in the United States:		
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Lawfully admitted permanent resident	<input type="checkbox"/> Visa <input type="checkbox"/> Other
b. What is your country of citizenship?		
c. What is your U.S. State of Legal Residence?		
d. How long have you lived in this state? (# years, # months)		
e. When did your residency in this state begin? (mm/dd/yyyy)		
12. MILITARY INFORMATION: (optional)		
a. Are you a veteran of U.S. military service?	Yes	No
13. NAME OF YOUR FATHER/GUARDIAN:		
a. <input type="checkbox"/> Living	<input type="checkbox"/> Deceased	
b. Last:	c. First	d. MI:
14. FATHER/GUARDIAN ADDRESS:		
a. City:	b. State:	c. Zip:
d. County:	e. Country:	f. Telephone:
15. FATHER/GUARDIAN OCCUPATION:		
16. FATHER/GUARDIAN STATE OF LEGAL RESIDENCE:		Since: (mm/dd/yyyy)
17. NAME OF YOUR MOTHER/GUARDIAN:		
a. <input type="checkbox"/> Living	<input type="checkbox"/> Deceased	
b. Last:	c. First:	d. MI:
18. MOTHER/GUARDIAN ADDRESS:		
a. City:	b. State:	c. Zip:
d. County:	e. Country:	f. Telephone:
19. MOTHER/GUARDIAN OCCUPATION:		
20. MOTHER/GUARDIAN STATE OF LEGAL RESIDENCE:		Since: (mm/dd/yyyy)

VETERINARY/ANIMAL EXPERIENCE

21. VETERINARY EXPERIENCE:		Clinical/Agribusiness/Health Science/Research. <i>(List most recent experience first.)</i> <i>An explanation of your veterinary experience must be incorporated into your personal statement.</i>					
	Name of Veterinarian/Scientist	City	State	Position	From (mm/yy)	To (mm/yy)	Total # Hours
a.							
b.							
c.							
d.							
e.							
22. ANIMAL EXPERIENCE:		<i>Provide a brief description of each experience and indicate hours spent. Do not duplicate any entry from Item 21. Discuss and explain your animal experience in your personal statement.</i>					
	Type of Experience	City	State	Position	From (mm/yy)	To (mm/yy)	Total # Hours
a.							
b.							
c.							
d.							
e.							
f.							
23. EMPLOYMENT HISTORY:		<i>Include paid employment only – including high school – and start with your most recent Job.</i> <i>Do Not include any experiences listed in Items 21 or 22.</i>					
	Type of Experience	City	State	Position	From (mm/yy)	To (mm/yy)	Total # Hours
a.							
b.							
c.							
d.							
e.							
f.							
24. Has there been any interval longer than 3 months during which you were not enrolled as a student or employed?							
1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No If yes, provide an explanation, including the duration and how you spent your time (see page 5).							
25. HONORS AND AWARDS:		<i>List and describe honors or awards you have received – including high school.</i> <i>Include granting organization and date received.</i>					
	Name of Honor/Award			Organization		Date (mm/yy)	
a.							
b.							
c.							
d.							
e.							
f.							

26. EXTRACURRICULAR & COMMUNITY ACTIVITIES:List and describe extracurricular or community activities in which you were engaged – *including high school*. Include sports and hobbies. **Office Held**

	Name of Activity	Office Held	From (mm/yy)	To (mm/yy)
a.				
b.				
c.				
d.				
e.				
f.				

27. ACADEMIC HISTORY AND CURRENT STATUS:

College of Veterinary Medicine Currently Attending:

Current Semester (*check one box only*): ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Fifth ☐ Sixth**28. DID YOU COMPLETE AN UNDERGRADUATE DEGREE?**☐ a. Yes ☐ b. No

c. Year of Graduation:

d. College Name:

e. City:

f. State:

29. LIST ALL POST-SECONDARY SCHOOLS ATTENDING, STARTING WITH THE MOST RECENT/CURRENT.*List each school attended only once, and be certain that the University of Illinois College of Veterinary Medicine receives an official transcript from each school listed.*

Received/ Expected Degree (e.g. BA)	School Name	State	From (mm/yy)	To (mm/yy)	Course of Study/Major	Date Degree Granted/Expected (if applicable) (mm/yy)

30. EVALUATION INFORMATION: List the names of the three evaluators who will send letters:

1.

2.

3.

31. HAVE YOU EVER APPLIED FOR ADMISSION TO THE UNIVERSITY OF ILLINOIS COLLEGE OF VETERINARY MEDICINE?1. ☐ Yes2. ☐ No

ADDITIONAL PAGE:

PERSONAL STATEMENT:

Your Name (*please print*): _____

Your Signature: _____ Date: _____