MIDLAND COLLEGE
VETERINARY TECHNOLOGY PROGRAM
APPLICATION FOR ADMISSION

RETURN TO: Midland College
Math/Science Division - Veterinary Technology
3600 N. Garfield
Midland, TX 79705

Admission Beginning:_____

Name:_____
(Last) (First) (Middle)
Other Name on Transcript:_____S.S. #_____
Address:_____
(Street) (City) (ST) (Zip)
Telephone:_____ Emergency #_____
Spouse, Parent, or Guardian:_____

EDUCATIONAL BACKGROUND: (List most recent first; list all)
HIGH SCHOOL / GED

Name of School	Location	Dates of Attendance	Date Conferred

COLLEGE / UNIVERSITY / PROFESSIONAL SCHOOL:

Name of School	Location	Major/Course of Study	Dates of Attendance	Degree/Certificate Diploma Conferred

List Health Related Work Experience (Begin with most recent):_____
_____

OPTIONAL:
No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under, any program or activity sponsored or conducted by Midland College, on any basis prohibited by applicable law, including but not limited to, race, color, age, marital status, nationality, religion, sex, or handicap.

Date of Birth:_____ Maiden Name:_____
Ethnic Origin Code:_____

1. White-Non Hispanic Origin
2. Black-Non Hispanic Origin
3. Hispanic
4. Asian or Pacific Islander
5. American Indian or Alaskan Native
6. Non-Resident Alien/Foreign National

Are you a U.S. citizen? Yes____ No____ If no, name of country:_____
NOTICE: Completion of the Veterinary Technology Program does not guarantee eligibility to take a certification/registry/licensure examination. You are notified that individuals with histories of criminal records, mental illness, and or chemical dependency will be considered on an individual basis by regulatory bodies after graduation. Prospective applicants who question their eligibility are encouraged to discuss their situations with the Division Chair and or Program Director at an early date.

The Veterinary Technology Program affirms that all students enrolled demonstrate proficiency in the English language and must possess those intellectual, ethical , physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty for safe professional practice.

I Certify that all of the information I have entered on this application is accurate and complete to the best of my knowledge. I understand that falsification of an application is cause for rejection or dismissal.

Date:_____ Signature:_____