WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION (HEPC) CENTRAL OFFICE

Veterinary Medicine Educational Contract Program

TO: West Virginia Residents Interested in Applying for Admission to Colleges of Veterinary Medicine as a WV contract student

Attached is the Veterinary Medicine Contract Program Application for West Virginia residents **desiring to participate in the West Virginia Veterinary Medicine Educational Contract Program**. The state of West Virginia, through the WV HEPC, has agreements with Mississippi State University (7 students) and Virginia-Maryland (6 students) Colleges of Veterinary Medicine for a total of 13 seats to be reserved in their entering veterinary medicine classes for WV residents. Applicants should have proof of West Virginia residency for the past 5 years to participate in the program.

This is not a general application to attend veterinary school. You **MUST** complete a separate application through the Veterinary Medicine Central Application Service (VMCAS) for acceptance into a veterinary medical school, including all Mississippi State University and Virginia-Maryland contract seat applicants. Submission of this WV Contract Program application must be done <u>in addition</u> to an official VMCAS application to be considered for a WV Contract seat. An online application for veterinary school, general information and answers to most questions can be found at <u>http://aavmc.org</u> which is the official VMCAS website.

VMCAS application is **due September 15, 2023** and should be submitted through the VMCAS website.

Please complete the enclosed WV contract application and return by September 15, 2023, to:

Department Chair, Animal & Nutritional Sciences WV Veterinary Medical Contract Program West Virginia University PO Box 6108 Morgantown, WV 26506-6108

<u>Please submit this application providing information from all high schools and schools of higher</u> <u>education for which you have attended and wish to receive credit.</u>

Copies of your completed contract application will be sent to the WVU Admissions and Records Office for approval of residency and/or status as a dependent of a resident. All correspondence will be by mail or by email <u>ANS@mail.wvu.edu</u> Email is preferred method; please give current and active email address and notify this office if address changes.

Applicants desiring more information may call the Office of the Chair, Division of Animal and Nutritional Sciences, Davis College of Agriculture, Natural Resources and Design, West Virginia University, (304) 293-2631.

VETERINARY MEDICINE RESIDENCY APPLICATION

FOR WEST VIRGINIA RESIDENTS ONLY

Please complete carefully. Use additional paper where necessary.

(Last)	(First)	(Middle)
Current Address		
Home Address		
Current Phone Number	Home Phone Number	
Email address (current/active)		
AgeDate of Birth		
×	IM/DD/YYYY)	
Are you a legal resident of West Vin		
Number of years of WV Residence		
-		
-		
-		
Name, Address and Date(s) of High	School(s) Attended	
Name, Address and Date(s) of High Colleges and Universities Attended:	School(s) Attended	
Name, Address and Date(s) of High Colleges and Universities Attended:	School(s) Attended	(Tot. Sem. Hrs.)(GPA)
Name, Address and Date(s) of High Colleges and Universities Attended: a (Institution)	School(s) Attended (Dates Attended)	(Tot. Sem. Hrs.)(GPA)
Name, Address and Date(s) of High Colleges and Universities Attended: a (Institution)	School(s) Attended (Dates Attended)	
Name, Address and Date(s) of High Colleges and Universities Attended: a (Institution) b (Institution)	School(s) Attended (Dates Attended) (Dates Attended)	(Tot. Sem. Hrs.)(GPA) (Tot. Sem. Hrs.)(GPA)
Name, Address and Date(s) of High Colleges and Universities Attended: a (Institution) b (Institution)	School(s) Attended (Dates Attended) (Dates Attended)	(Tot. Sem. Hrs.)(GPA) (Tot. Sem. Hrs.)(GPA)
Name, Address and Date(s) of High Colleges and Universities Attended: a (Institution) b (Institution) c (Institution) d	School(s) Attended (Dates Attended) (Dates Attended) (Dates Attended)	(Tot. Sem. Hrs.)(GPA) (Tot. Sem. Hrs.)(GPA) (Tot. Sem. Hrs.)(GPA)
Name, Address and Date(s) of High Colleges and Universities Attended: a (Institution) b (Institution) c (Institution)	School(s) Attended (Dates Attended) (Dates Attended)	(Tot. Sem. Hrs.)(GPA) (Tot. Sem. Hrs.)(GPA)
Name, Address and Date(s) of High Colleges and Universities Attended: a (Institution) b (Institution) c (Institution) d	School(s) Attended (Dates Attended) (Dates Attended) (Dates Attended)	(Tot. Sem. Hrs.)(GPA) (Tot. Sem. Hrs.)(GPA) (Tot. Sem. Hrs.)(GPA)