**WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION (HEPC)**

**CENTRAL OFFICE**

Veterinary Medicine Educational Contract Program

TO: West Virginia Residents 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 in addition 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 about applying to veterinary school can be found at <http://aavmc.org> which is the official VMCAS website.

The VMCAS application is **due on or about September 15, 2024,** and should be submitted through the VMCAS website to apply to veterinary school.

Please complete the enclosed WV contract application and return by **September 15, 2024**, to:

Division of Animal and Nutritional Sciences

WV Veterinary Medicine Contract Program

West Virginia University

PO Box 6108

Morgantown, WV 26506-6108

You may also email the completed application to [**ANS@mail.wvu.edu**](mailto:ANS@mail.wvu.edu)**.** This is the preferred method of submission. **Email is preferred; please give your current and active email address and notify this office if the email address changes**.

**Please submit this application providing information from all high schools and schools of higher education that you have attended and earned college credits.**

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** [**ANS@mail.wvu.edu**](mailto:ANS@mail.wvu.edu)

Applicants desiring more information may call the Office of the Coordinator, Division of Animal and Nutritional Science, Davis College of Agriculture and Natural Resources, West Virginia University, (304) 293-2631 or email [ANS@mail.wvu.edu](mailto:ANS@mail.wvu.edu) .

**VETERINARY MEDICINE RESIDENCY APPLICATION**

**FOR WEST VIRGINIA RESIDENTS ONLY**

Please complete accurately. Use additional paper where necessary.

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last) (First) (Middle)

2. Current Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Current Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Email address (current/active) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Age \_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MM/DD/YYYY)

1. Are you a legal resident of West Virginia? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years of WV Residency \_\_\_\_\_\_\_\_\_\_

8. Name, Address and Date(s) of High School(s) Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Colleges and Universities Attended:

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(Institution) (Dates Attended) (Tot. Sem. Hrs.) (GPA)

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Institution) (Dates Attended) (Tot. Sem. Hrs.) (GPA)

c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Institution) (Dates Attended) (Tot. Sem. Hrs.) (GPA)

d.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Institution) (Dates Attended) (Tot. Sem. Hrs.) (GPA)

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_