**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 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 can be found at <http://aavmc.org> 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

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

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) **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.

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 Residence \_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_