Create New Account

- Required Information

**User Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name:</td>
<td></td>
</tr>
<tr>
<td>Last name:</td>
<td></td>
</tr>
<tr>
<td>Middle name:</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td>(Jr., II, etc.)</td>
</tr>
<tr>
<td>Email:</td>
<td>(If you don't have an email address, please contact VMCAS directly.)</td>
</tr>
<tr>
<td>Email Confirmation:</td>
<td></td>
</tr>
</tbody>
</table>

By selecting "Yes", you authorize VMCAS to release your name and contact information to your designated VMCAS programs BEFORE you e-submit your final application to VMCAS. This will allow your designated programs to send you important information about the local admissions process before you complete your VMCAS application:

- Required Information

**Account Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Username:</td>
<td>(15 characters max.)</td>
</tr>
<tr>
<td>Password:</td>
<td>(Create a unique password that is 6 to 10 characters long consisting of either letters, numbers, &quot;.&quot;, &quot;;&quot;, or &quot;:&quot;. Password is case sensitive.)</td>
</tr>
<tr>
<td>Confirm Password:</td>
<td></td>
</tr>
<tr>
<td>Security Question:</td>
<td>What was your childhood nickname?</td>
</tr>
<tr>
<td>Security Answer:</td>
<td></td>
</tr>
</tbody>
</table>

[SAVE]
Application > Address Information

- Required Information

Other Name

List any nicknames or maiden names you may have used on previous academic records.

First Name: 

Last Name: 

Middle Name: 

Suffix: 
(Jr., II, etc.)

Current Mailing Address

Since Month: 
Year: 
Current Until Month: 
(If unknown estimate)

Street Address Line 1: 

Street Address Line 2: 

City: 

State: 

Zip Code: 
(99999-9999, enter “99999” for International Addresses)

Parish or County: 

Country: 

Other Country: 
(Only if country is not on list provided, otherwise leave blank)

Day Telephone: 
(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with ‘011’)

Evening Telephone: 
(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with ‘011’)

Cell Phone: 
(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with ‘011’)

Permanent Address

Check if Permanent Address is the same as the Current Address 

Since Month: 

Year:
Street Address Line 1:
Street Address Line 2:
City:
State:
Zip Code: (99999-9999, enter "99999" for International Addresses)
Parish or County:
Country:
Other Country: (Only if country is not on list provided, otherwise leave blank)
Day Telephone: (Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with '011'.)
Evening Telephone: (Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with '011'.)
Cell Phone: (Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with '011'.)
Preferred Method of Contact: (If you select Cell Phone, please provide a number in the Cell Phone space above.)
Application > Personal Data

- Required Information

Place of Birth

Date of Birth: [ ]
(MM/DD/YYYY)

Age as of Today:

City of Birth:

State of Birth:

Parish or County of Birth:

Country of Birth:

Country of Birth if not listed above:
(Only if country is not on list provided, leave blank otherwise)

Gender:

Ethnicity and Race

Do you consider yourself to be of Hispanic origin?

[ ] Yes, Hispanic/Latino/Latina
  Please check all that apply below:

  - Mexican, Mexican American, Chicano/Chicana
  - Cuban
  - Puerto Rican
  - South or Central American
  - Other Spanish culture or origin

  If other, please specify:

[ ] No, not Hispanic/Latino/Latina

Which of the following best describe your race? Please mark one or more races.

[ ] American Indian or Alaska Native
  Please specify the name of your enrolled or principal tribe:

[ ] Asian
  Please check all that apply below:

  - Asian Indian
  - Cambodian

  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Malaysian
  - Pakistani
  - Vietnamese
  - Other Asian

  If other, please specify:

[ ] Black or African-American

[ ] Native Hawaiian or Other Pacific Islander
  Please check all that apply below:
### Citizenship Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you a U.S. Citizen?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If you are not a U.S. Citizen, what is your status?</td>
<td></td>
</tr>
<tr>
<td>Country of Citizenship:</td>
<td></td>
</tr>
<tr>
<td>Country of Citizenship if not listed above:</td>
<td>(Only if country is not on list provided, leave blank otherwise)</td>
</tr>
<tr>
<td>What is your alien registration/Visa number?</td>
<td></td>
</tr>
<tr>
<td>City where alien registration/Visa issued?</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>When was it issued?</td>
<td>(MM/DD/YYYY)</td>
</tr>
<tr>
<td>If you are a non-immigrant, what is your Visa type?</td>
<td>(Indicate Visa type held, applied for, or planned)</td>
</tr>
</tbody>
</table>

### State or Province of Legal Residence

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Legal Residence:</td>
<td></td>
</tr>
<tr>
<td>Length of time you have lived in this state?</td>
<td>(Years) (Months)</td>
</tr>
<tr>
<td>When did your residency in this state begin?</td>
<td>(MM/DD/YYYY)</td>
</tr>
</tbody>
</table>

### US Military Service

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you a veteran of U.S. Military Service?</td>
<td>Yes, No (Please select only one)</td>
</tr>
<tr>
<td>If YES, enter Branch:</td>
<td></td>
</tr>
<tr>
<td>Length of Service From:</td>
<td>(Month) (Year)</td>
</tr>
<tr>
<td>Length of Service To:</td>
<td>(Month) (Year)</td>
</tr>
<tr>
<td>What type of discharge/separation did you receive?</td>
<td></td>
</tr>
</tbody>
</table>
Application > Background Information

- Required Information

Current Student Status?

Student Reported GPA: (Example 3.99)

Has there been any interval longer than 3 months during which you were not enrolled as a student or employed?

If yes, provide an explanation including the duration and how you spent the time:

(Please limit text to 360 characters. Please note that this count includes spaces.)

Were you ever the recipient of any action (e.g. dismissal, disqualification, suspension, etc.) by any college or university for unacceptable academic performance or conduct violations?

If yes, provide a full explanation:

(Please limit text to 2100 characters. Please note that this count includes spaces.)

Have you ever pled nolo contendere (no contest) or been convicted of either a felony or a misdemeanor, other than a minor traffic violation?

If yes, provide a full explanation:

(Please limit text to 360 characters. Please note that this count includes spaces.)

Are you a "WICHE" applicant?

(See Instructions)
Application > Personal Statement

- Required Information

For a description of what should be entered in the personal statement, please click on the button labeled "Instructions" at the top of the page.

Personal Statement:

(Text must be limited to 5000 characters. Please note that this count includes spaces.)
Application > Parent / Guardian

- Required Information

Father's Information

Is Father/Guardian Living?  
If a parent is deceased, select that option; no further information is required. If unknown, select that option.

If Unknown, please explain:  
(Please limit text to 360 characters. Please note that this count includes spaces.)

Last Name:  
First Name:  
Middle Name:  
City:  
State:  
Zip Code:  
(99999-9999, enter "99999" for International Addresses)  
Parish or County:  
Country:  
Telephone:  
(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with "011", If phone number is unknown, enter "999-999-9999")  
State of Legal Residence:  
(Select "not listed/not applicable" if unknown)  
Since:  
(Enter 01/01/1900 if unknown)  

Mother's Information

Is Mother/Guardian Living?  
If a parent is deceased, select that option; no further information is required. If unknown, select that option.

If Unknown, please explain:  
(Please limit text to 360 characters. Please note that this count includes spaces.)

Last Name:  
First Name:  
Middle Name:  
City:  
State:  
Zip Code:  
(99999-9999, enter "99999" for International Addresses)  
Parish or County:  

https://portal.vmcas.org/applicants14/index.cgi?rm=parent_guardian
Did you graduate from High School?  
- Yes  
- No

If No, did you complete the GED?  
- Yes  
- No

Year of Graduation:  

High School Name:

City:

State:  

Country:
Application > Institutions Attended

- Required Information

Official Name of School:

(Click here to select colleges from the list)

Name of School if "INSTITUTION NOT LISTED or FOREIGN":

Is this your primary school?  

- Yes
- No

(Only one college can be selected as a primary college)

Is this your current school?  

Attendance Date From:

(Month)  (Year)

Attendance Date To:

(Month)  (Year)
**Application > College Degrees**

- Required Information

<table>
<thead>
<tr>
<th>Institution Attended</th>
<th>College</th>
<th>State</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>001672 - IL - DEVRY UNIVERSITY - OAKBROOK, IL</td>
<td>Illinois</td>
<td>January 2001</td>
<td>May 2005</td>
<td></td>
</tr>
</tbody>
</table>

**Degree:**

Degree, if Other:

**Degree Status:**

Date Degree earned or anticipated:

(Month) (Year)

Major for Degree:

NO MAJOR

1st Major, if Other:

Second Major for Degree:

NO MAJOR

2nd Major, if Other:

Minor for Degree:

NO MAJOR

Minor, if Other:
Application > Institutions Attended

Note: Please be sure to print out the Transcript Request Form for each of your institutions attended by clicking the icons below. Failure to include this form with your transcripts may increase the processing time of your documents once they arrive at VMCAS.

Institutions Attended

<table>
<thead>
<tr>
<th>TRANSCRIPT REQUEST FORM</th>
<th>INSTITUTION ATTENDED</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DEVRY UNIVERSITY - OAKBROOK, IL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>January 2001 - May 2005</td>
<td></td>
</tr>
</tbody>
</table>

Institution Degrees

<table>
<thead>
<tr>
<th>INSTITUTION ATTENDED</th>
<th>DEGREE</th>
<th>STATUS</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>001672 - IL - DEVRY UNIVERSITY - OAKBROOK, IL</td>
<td>B.S.B.A. Bachelor of Science in Business Administration</td>
<td>Degree Awarded</td>
<td></td>
</tr>
</tbody>
</table>
# Application > Term Information

- **Required Information**

<table>
<thead>
<tr>
<th>View Course List</th>
</tr>
</thead>
</table>
| Name of Institution:  
| Academic Status:  
| Term:  
| Type of Term:  
| Year the course began:  
| Session Status: |

- **Options**

- **Completed**
- **Planned/In Progress**

- **Buttons**

- **Save**
- **Print**
- **Cancel**
### Session/Term Information

<table>
<thead>
<tr>
<th>College</th>
<th>Academic Status</th>
<th>Year</th>
<th>Term</th>
<th>Term Type</th>
<th>Session/Term Information Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>001672 - Illinois - DEVRY UNIVERSITY - OAKBROOK, IL</td>
<td>Junior</td>
<td>2005</td>
<td>Spring</td>
<td>Semester</td>
<td>Completed</td>
</tr>
</tbody>
</table>

**Course**

**Course Title:**

**Course Prefix and Number:**

(e.g. Chem 101)

**Course Level Description:**

Click here to view Course Level list

**Course Subject:**

Click here to view Course Subject list

**Grade as it appears on the transcript:**

Click here to input grades

**Grade using VMCAS conversion table:**

Click here for the VMCAS conversion table

**Numeric value of VMCAS Grade:**

None

**Number of Credit Hours:**

Credit hours generally refer to the number of hours per week spent in the classroom—typically 3 or 4. If your institution uses a different system, please contact the registrar's office for conversion to credit hours.

**Classification Description:**

Click here to view Classification list
If you are currently applying to veterinary medical colleges other than the one(s) you entered in the designations section, enter their codes here.

| Application 1: |
| Application 2: |
| Application 3: |
| Application 4: |
| Application 5: |
| Application 6: |
| Application 7: |

If you have previously applied to one or more colleges of veterinary medicine, list all entering years for which applications were made.

| Year A: |
| Year B: |
| Year C: |
| Year D: |
| Year E: |
Application > Unofficial GRE Test

Required Information

Please read instructions before completing this section.

Planned / Taken:

- Planned
- Taken

Date Taken or Planned:

(DD/MM/YYYY)

Test Name:

Score Type 1:

Analytical: 0-6 in 1/2 point increments
Verbal/Quantitative: (130-170) for GRE Revised General or (200-800) for GRE General

%Below 1:

Score Type 2:

Analytical: 0-6 in 1/2 point increments
Verbal/Quantitative: (130-170) for GRE Revised General or (200-800) for GRE General

%Below 2:

Score Type 3:

Analytical: 0-6 in 1/2 point increments
Verbal/Quantitative: (130-170) for GRE Revised General or (200-800) for GRE General

%Below 3:

Score Type 4:

Analytical: 0-6 in 1/2 point increments
Verbal/Quantitative: (130-170) for GRE Revised General or (200-800) for GRE General

%Below 4:
Include paid employment, volunteer, or academic experience, and start with your most recent job. Do not include any experience listed in the Animal or Employment experience sections. Please note: 'Mixed Animal' only applies to Veterinary Experience, not Animal Experience.

<table>
<thead>
<tr>
<th>Experience Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterinary Experience</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Animal Experience</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Employment History</td>
<td>X</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**I DO NOT HAVE ANY VETERINARY EXPERIENCE:**

Name of Veterinarian/Scientist:

Clinic or Hospital:

City:

State:

Description of Duties:

(Please limit text to 480 characters. Please note that this count includes spaces.)

Contact phone number:

Did you receive payment for this experience?  
- Yes
- No

Start Date:

End Date:

Average Number of Hours/Week:

Total Number of Hours over Span of Experience:

Animal Types:  
- Small
- Food Animal
- Equine
- Zoo Animal/Wildlife
- Exotic/Avian:
- Other  
  Specify if Other:
Include paid employment, volunteer, or academic experience, and start with your most recent job. Do not include any experience listed in the Veterinary or Employment sections.

<table>
<thead>
<tr>
<th>Was the work related to animals?</th>
<th>Was the work supervised by a health professional?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### I DO NOT HAVE ANY ANIMAL EXPERIENCE:

**Type of Experience:**

**City:**

**State:**

**Description of Duties:**

(Please limit text to 480 characters. Please note that this count includes spaces.)

**Contact phone number:**

**Did you receive payment for this experience?**

- Yes
- No

**Start Date:**

- (Month)
- (Year)

**End Date:**

- (Month)
- (Year)

**Average Number of Hours/Week:**

**Total Number of Hours over Span of Experience:**

**Animal Types:**

- Small
- Food Animal
- Equine
- Zoo Animal/Wildlife
- Exotic/Avian:
- Other

Specify if Other:
Application > Research

Include paid employment, volunteer, or academic experience, and start with your most recent job. Do not include any experience listed in the Veterinary or Employment sections.

<table>
<thead>
<tr>
<th>Was the work related to animals?</th>
<th>Was the work supervised by a health professional?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Veterinary Experience: X
Animal Experience: X
Employment History: X

I DO NOT HAVE ANY RESEARCH EXPERIENCE: [ ]

Title of Research: [ ]
Where Research was Conducted: [ ]
City: [ ]
State: [ ]
Description of Research: [ ]

(Please limit text to 480 characters. Please note that this count includes spaces.)

Contact phone number: [ ]

Did you receive payment for this experience? [ ] Yes [ ] No

Start Date: [ ] (Month) [ ] (Year)

End Date: [ ] (Month) [ ] (Year)

Average Number of Hours/Week: [ ]

Total Number of Research Hours: [ ]
Application > Employment

Include paid employment starting with your most recent job. Do not include any experience listed in Veterinary or Animal Experience sections.

<table>
<thead>
<tr>
<th></th>
<th>Was the work related to animals?</th>
<th>Was the work supervised by a health professional?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterinary Experience</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Animal Experience</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Employment History</td>
<td>No</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

I DO NOT HAVE ANY EMPLOYMENT EXPERIENCE

Name of Company: 
City: 
State: 
Description of Duties: 
(Please limit text to 480 characters. Please note that this count includes spaces.)

Contact phone number:

Did you receive payment for this experience? 
- Yes
- No

Start Date: 
(Month) (Year)

End Date: 
(Month) (Year)

Average Number of Hours/Week: 

Total Number of Hours over Span of Experience: 

SAVE  PRINT  CANCEL
Application > Honors and Awards

- Required Information

List and describe honors and awards you have received. Include granting organization and date received.

I HAVE NOT RECEIVED ANY HONORS/AWARDS:

Name of Honor/Award:

Brief Description:

(Please limit text to 480 characters. Please note that this count includes spaces.)

Received/Start Date:

End Date:

Save  Print  Cancel
List and describe extracurricular or community activities in which you have engaged. Include sports and hobbies.

I DO NOT HAVE ANY EXTRACURRICULAR OR COMMUNITY ACTIVITY EXPERIENCE:

Extracurricular and Community Activities:

Brief Description:

(Please limit text to 480 characters. Please note that this count includes spaces.)

Contact phone number:

Did you receive payment for this experience?  
Yes  
No

Start Date:  
(Month)  (Year)

End Date:  
(Month)  (Year)
An important note regarding AOL:

VMCAS is experiencing difficulty with AOL accepting the automated Evaluation Request email. If your Evaluator uses AOL as his/her e-mail address, PLEASE confirm that they received the e-mail from VMCAS Messenger. You may need to use an alternate e-mail address or have the evaluator check their spam filter.

Waiver: 

- Yes
- No

If yes, I hereby waive my right of access to the applicant evaluation provided by the evaluator named below.

If no, I do not waive my right of access to the applicant evaluation provided by the evaluator named below. He or she should be made aware that I retain my right of access and that the confidentiality of the evaluation is not guaranteed.

Title: 

Evaluator First Name: 

Evaluator Middle Name: 

Evaluator Last Name: 

Evaluator Occupation: 

Institution, Practice, Place of Business: 

Street Address Line 1: 

Street Address Line 2: 

City: 

State: 

ZIP or Postal Code: 

Country: 

Daytime Telephone: 

Evaluator Email: 

Email Confirmation: 

(SAMPLE ONLY)

https://portal.vmcas.org/applicants14/index.cgi?rm=evaluator
Application > Explanation Statement

- Required Information

Explanation Statement

For a description of what should be entered into the explanation sheet, click on the button labeled “Instructions” at the top of the page.

Explanation Statement:

(Text must be limited to 2000 characters. Please note that this count includes spaces.)

Use the explanation statement to record information that could not be listed within the web application. For further information click on the instructions.
## Application > College Designations

**Tony Wynne [VMCAS ID: 20141112555]**

**Application Overview**
- **Application**: VMCAS
- **Date**: 5/6/13
- **Deadline**: 1:00 PM Eastern Time

### School Designations

<table>
<thead>
<tr>
<th>Select</th>
<th>School Name</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Auburn University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Colorado State University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Cornell University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Iowa State University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Kansas State University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Louisiana State University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Massey University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Michigan State University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Mississippi State University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Murdoch University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>North Carolina State University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Ohio State University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Oklahoma State University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Oregon State University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Purdue University</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Royal Veterinary College</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>St. George's University (August Class)</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>St. George's University (January 2015 Class)</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>University College Dublin</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>University of California, Davis</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>University of Edinburgh</td>
<td>10/02/2013</td>
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<tr>
<td></td>
<td>University of Florida</td>
<td>10/02/2013</td>
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<td>University of Georgia</td>
<td>10/02/2013</td>
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<tr>
<td></td>
<td>University of Glasgow</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>University of Guelph-Ontario Veterinary College</td>
<td>10/02/2013</td>
</tr>
</tbody>
</table>

**Related Links**
- [VMCAS Application](https://portal.vmcas.org/applicants14/index.cgi?rm=designations)

**Sample Only**
| University of Illinois | 10/02/2013 |
| University of Minnesota | 10/02/2013 |
| University of Missouri | 10/02/2013 |
| University of PEI-Atlantic Veterinary College | 10/02/2013 |
| University of Pennsylvania | 10/02/2013 |
| University of Tennessee | 10/02/2013 |
| University of Wisconsin | 10/02/2013 |
| Virginia-Maryland Regional College | 10/02/2013 |
| Washington State University | 10/02/2013 |
| Western University of Health Sciences | 10/02/2013 |
Advisor Release

Some institutions in the U.S. have advisors to guide students in the graduate admissions process. These advisors are often interested in the admission outcomes of their students. If you went to an undergraduate institution in the U.S. and worked with an undergraduate advisor, you can opt to have your application information included in aggregate reports that are sent to the advisors. No applicant-specific information will be made available. Please indicate if permission is granted below.

- Yes
- No
Application > Final Reminders

- Required Information

I have read and understand the AAVMC Privacy Policy? (http://www.aavmc.org/data/files/students_advisors/aavmcpolicy.pdf)

I have registered three evaluators in the eLOR section. I understand that I must at least register three evaluators in the eLOR section.

I understand that VMCAS requires all electronic evaluations. I understand that it is my responsibility to check with school sites to verify evaluation requirements.

I understand that for electronic evaluations, I will need to verify that my evaluators’ emails are correct and that they have received the email request once I have created them in the system.

I understand that I will need to send transcripts, test scores, supplemental applications and supplemental fees (if applicable) directly to all my designated colleges prior to the deadline.

I understand that VMCAS does not provide refunds under any circumstances. This includes accidentally choosing the wrong school or missing the deadline. I understand that by sending payment to VMCAS, I am signaling my intent for VMCAS to process my materials, regardless of whether they are completed or not.

I understand that once I e-submit my application, I cannot make any changes to my information other than my contact information.

I have reviewed the college specific requirements which includes the following:

Veterinary School Websites

I understand that I will need to record and provide my VMCAS ID whenever contacting VMCAS for questions or concerns. In addition, if paying by check/money order, I will need to ensure that my VMCAS ID is clearly written and provided with the payment.

Application Certification:

I certify that all the information and statements I have provided in this application are correct and complete, including any statement regarding my state of residence. I certify that, as required in the application, I have read all application instructions, identified all sources of information related to my college attendance and credits, all actions by a university or other institution, and all information of any criminal record in any jurisdiction. I have read and understand all notices contained within the application and the VMCAS Web page informing me of my obligation to provide true and complete answers to all questions. I understand that withholding pertinent information requested on this application, or giving false information, may be grounds to deny me admission to a veterinary college participating in VMCAS or may be grounds to expel me from such college after I have been admitted. I have read and understand the VMCAS Application Deadline Policy and the VMCAS Refund Policy.

I give my permission to officials at all institutions that I have attended to release information requested by any college of veterinary medicine to which I have applied.