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Veterinary Medical College Application Service (VMCAS)

Create New Account

- HELP
- FAQs
- Contact Us
- Instructions

■ - Required Information

User Information

First name: ■

Last name: ■

Middle name:

Suffix:
(Jr., II, etc.)

Email: ■
(If you don't have an email address, please contact VMCAS directly.)

Email Confirmation: ■

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: ■

Yes
 No

Account Information

Username: ■
(15 characters max.)

Password: ■
(Create a unique password that is 6 to 10 characters long consisting of either letters, numbers, '.', '_', or '!'. Password is case sensitive.)

Confirm Password: ■

Security Question: ■ ▼

Security Answer: ■

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MY MESSAGES

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APPLICATION CHECKLIST

- Incomplete
- Complete
- Required
- Conditionally Required

Applicant Information

- Address Information >
- Personal Data >
- Background Information >
- Personal Statement >
- Parent / Guardian >

Academic History

- High School >
- Institutions Attended >
- Coursework >
- Other / Previous Applications >
- Tests >

Additional Information

- Experiences (Veterinary, Animal, Research, Employment, Honors and Awards, Community Activities) >
- Evaluators >
- Explanation Statement >
- College Designations >

E-SUBMIT

STATUS

Your application is In Progress

→ College Designations
 Mailed: 0
 Not Mailed: 0

→ Evaluations
 Complete: 0
 Incomplete: 0

→ Payments
 Recd. 0 designations
 Not Recd. 0 designations

Explanation of Statuses



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Veterinary Medical College Application Service (VMCAS)

Tony Wynne [VMCAS ID: 20141112555]

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Application > Address Information

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

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: ■ ▼
(Estimate if unknown.)

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-")

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.)

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Application > Personal Data

Required Information

INSTRUCTIONS FOR THIS SECTION

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:

VMCAS

- Guamanian or Chamorro
- Native Hawaiian
- Samoan
- Other Pacific Islander

If other, please specify:

White

Citizenship Information

Are you a U.S. Citizen? ■ Yes No

If you are not a U.S. Citizen, what is your status?

Country of Citizenship:

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

What is your alien registration/Visa number?

City where alien registration/Visa issued?

State:

When was it issued?
(MM/DD/YYYY)

If you are a non-immigrant, what is your Visa type?
(Indicate Visa type held, applied for, or planned)

State or Province of Legal Residence

State of Legal Residence: ■ ?

Length of time you have lived in this state?
(Years) (Months)

When did your residency in this state begin?
(MM/DD/YYYY)

US Military Service

Are you a veteran of U.S. Military Service? Yes No
(Please select only one)

If YES, enter Branch:

Length of Service From:
(Month) (Year)

Length of Service To:
(Month) (Year)

What type of discharge/separation did you receive?



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Application > Background Information

Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

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? Yes No

This does not apply if you were out of school for summer break.

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? Yes No

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? Yes No

If yes, provide a full explanation:

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

Are you a "WICHE" applicant? Yes No
[\(See Instructions\)](#)

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Application > Personal Statement

Required Information

INSTRUCTIONS FOR THIS SECTION

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.)

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Application > Parent / Guardian

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

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 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)

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Application > High School

Required Information

INSTRUCTIONS FOR THIS SECTION

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: ▼

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Application > Institutions Attended

■ - Required Information

VIEW LIST

[INSTRUCTIONS FOR THIS SECTION](#)

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)

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Application > College Degrees

Required Information

VIEW LIST

INSTRUCTIONS FOR THIS SECTION

Institution Attended

College	State	Start Date	End Date
001672 - IL - DEVRY UNIVERSITY - OAKBROOK, IL	Illinois	January 2001	May 2005
Degree:	<input type="text"/>		
Degree, if Other:	<input type="text"/>		
Degree Status:	<input type="text"/>		
Date Degree earned or anticipated:	<input type="text"/>	<input type="text"/>	
	(Month)	(Year)	
Major for Degree:	NO MAJOR		
1st Major, if Other:	<input type="text"/>		
Second Major for Degree:	NO MAJOR		
2nd Major, if Other:	<input type="text"/>		
Minor for Degree:	NO MAJOR		
Minor, if Other:	<input type="text"/>		

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Application > Institutions Attended

[INSTRUCTIONS FOR THIS SECTION](#)

ADD NEW ENTRY

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.

Orange color indicates Primary College Attended

Institutions Attended

TRANSCRIPT REQUEST FORM	INSTITUTION ATTENDED	ACTIONS
	DEVRY UNIVERSITY - OAKBROOK, IL January 2001 - May 2005	ADD DEGREE

Institution Degrees

INSTITUTION ATTENDED	DEGREE	STATUS	ACTIONS
001672 - IL - DEVRY UNIVERSITY - OAKBROOK, IL	B.S.B.A. Bachelor of Science in Business Administration	Degree Awarded	

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Application > Term Information

Required Information

INSTRUCTIONS FOR THIS SECTION

VIEW COURSE LIST

Name of Institution: ?

Academic Status: ?

Term:

Type of Term:

Year the course began:

Session Status:
Completed
Planned/In Progress

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Application > Completed Coursework

Required Information

INSTRUCTIONS FOR THIS SECTION

VIEW COURSE LIST

Session/Term Information

College	Academic Status	Year	Term	Term Type	Session/Term Information Status
001672 - Illinois - DEVRY UNIVERSITY - OAKBROOK, IL	Junior	2005	Spring	Semester	Completed

Course

Course Title:

Course Prefix and Number:
(e.g. Chem 101)

Course Level Description:

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:

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Application > Other / Previous Applications

Required Information

INSTRUCTIONS FOR THIS SECTION

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: [input field]

Application 2: [input field]

Application 3: [input field]

Application 4: [input field]

Application 5: [input field]

Application 6: [input field]

Application 7: [input field]

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

Year A: [input field]

Year B: [input field]

Year C: [input field]

Year D: [input field]

Year E: [input field]

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Application > Unofficial GRE Test

Required Information

VIEW LIST

INSTRUCTIONS FOR THIS SECTION

Please read instructions before completing this section.

Planned / Taken: Planned Taken

Date Taken or Planned: (MM/DD/YYYY)

Test Name:

Score Type 1:

Score 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:

Score 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:

Score 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:

Score 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:

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Application > Veterinary

■ - Required Information

VIEW LIST

[INSTRUCTIONS FOR THIS SECTION](#)

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.

	Was the work related to animals?		Was the work supervised by a health professional?	
	Yes	No	Yes	No
Veterinary Experience	X		X	
Animal Experience	X			X
Employment History		X	Not applicable	Not applicable

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: ■
(Month) (Year)

End Date:
(Month) (Year)

Average Number of Hours/Week:

Total Number of Hours over Span of Experience: ■

- Animal Types:
(Check all that apply)
- Small
 - Food Animal
 - Equine
 - Zoo Animal/Wildlife
 - Exotic/Avian:
 - Other

Specify if Other:

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Application > Animal

■ - Required Information

VIEW LIST

[INSTRUCTIONS FOR THIS SECTION](#)

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.

	Was the work related to animals?		Was the work supervised by a health professional?	
	Yes	No	Yes	No
Veterinary Experience	X		X	
Animal Experience	X			X
Employment History		X	Not applicable	Not applicable

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:
(Check all that apply)

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

Specify if Other:



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Application > Research

■ - Required Information

VIEW LIST

[INSTRUCTIONS FOR THIS SECTION](#)

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.

	Was the work related to animals?		Was the work supervised by a health professional?	
	Yes	No	Yes	No
Veterinary Experience	X		X	
Animal Experience	X			X
Employment History		X	Not applicable	Not applicable

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: ■

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Application > Employment

Required Information

VIEW LIST

INSTRUCTIONS FOR THIS SECTION

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

	Was the work related to animals?		Was the work supervised by a health professional?	
	Yes	No	Yes	No
Veterinary Experience	X		X	
Animal Experience	X			X
Employment History		X	Not applicable	Not applicable

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:

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Application > Honors and Awards

Required Information

VIEW LIST

INSTRUCTIONS FOR THIS SECTION

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: (Month) (Year)

End Date: (Month) (Year)

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Application > Community Activities

Required Information

VIEW LIST

INSTRUCTIONS FOR THIS SECTION

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)

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Application > Evaluator

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

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: ■

(Dr., Mr., Ms., ...)

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: ■

(99999-9999, enter "99999" for International Addresses)

Country: ■

Daytime Telephone: ■

(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with "011-")

Evaluator Email: ?

Email Confirmation:

(Once you have registered an evaluator, you cannot make any additional changes to the evaluator information. Be sure your salutations (Dr., Ms., Mr.,) and email addresses are correct.)

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Application > Explanation Statement

Required Information

INSTRUCTIONS FOR THIS SECTION

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.

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Application > College Designations

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Select	School Name	Deadline 1:00 PM Eastern Time
<input type="checkbox"/>	Auburn University	10/02/2013
<input type="checkbox"/>	Colorado State University	10/02/2013
<input type="checkbox"/>	Cornell University	10/02/2013
<input type="checkbox"/>	Iowa State University	10/02/2013
<input type="checkbox"/>	Kansas State University	10/02/2013
<input type="checkbox"/>	Louisiana State University	10/02/2013
<input type="checkbox"/>	Massey University	10/02/2013
<input type="checkbox"/>	Michigan State University	10/02/2013
<input type="checkbox"/>	Mississippi State University	10/02/2013
<input type="checkbox"/>	Murdoch University	10/02/2013
<input type="checkbox"/>	North Carolina State University	10/02/2013
<input type="checkbox"/>	Ohio State University	10/02/2013
<input type="checkbox"/>	Oklahoma State University	10/02/2013
<input type="checkbox"/>	Oregon State University	10/02/2013
<input type="checkbox"/>	Purdue University	10/02/2013
<input type="checkbox"/>	Royal Veterinary College	10/02/2013
<input type="checkbox"/>	St. George's University (August Class)	10/02/2013
<input type="checkbox"/>	St. George's University (January 2015 Class)	10/02/2013
<input type="checkbox"/>	University College Dublin	10/02/2013
<input type="checkbox"/>	University of California, Davis	10/02/2013
<input type="checkbox"/>	University of Edinburgh	10/02/2013
<input type="checkbox"/>	University of Florida	10/02/2013
<input type="checkbox"/>	University of Georgia	10/02/2013
<input type="checkbox"/>	University of Glasgow	10/02/2013
<input type="checkbox"/>	University of Guelph-Ontario Veterinary College	10/02/2013

<input type="checkbox"/>	University of Illinois	10/02/2013
<input type="checkbox"/>	University of Minnesota	10/02/2013
<input type="checkbox"/>	University of Missouri	10/02/2013
<input type="checkbox"/>	University of PEI-Atlantic Veterinary College	10/02/2013
<input type="checkbox"/>	University of Pennsylvania	10/02/2013
<input type="checkbox"/>	University of Tennessee	10/02/2013
<input type="checkbox"/>	University of Wisconsin	10/02/2013
<input type="checkbox"/>	Virginia-Maryland Regional College	10/02/2013
<input type="checkbox"/>	Washington State University	10/02/2013
<input type="checkbox"/>	Western University of Health Sciences	10/02/2013





2013
2014

My Tools

MY APPLICATION

MY PROFILE

- Account Information
- Change Password
- Change Security Question

MY MESSAGES

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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

PRINT SUBMIT

SAMPLE ONLY



2013
2014

Veterinary Medical College Application Service (VMCAS)

Tony Wynne [VMCAS ID: 20141112555]

LOGOUT

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MY APPLICATION

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- Change Security Question

MY MESSAGES

1 saved message

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Required Information

INSTRUCTIONS FOR THIS SECTION

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

SAVE PRINT CANCEL