

Mississippi State University  
College of Veterinary Medicine  
Early Entry Application

Name \_\_\_\_\_  
Last First Middle Suffix

Preferred Name \_\_\_\_\_ E-Mail \_\_\_\_\_ Preferred Method of Contact \_\_\_\_\_

**Permanent Mailing Address**

Address Line 1 Address Line 2 City

State Zip Code Parish or County Country (If Not USA)

Day Telephone Night Telephone Cell Phone

Date of Birth \_\_\_\_\_ Age Today \_\_\_\_\_ Gender \_\_\_\_\_

**Ethnicity/Race (Optional)**

- Spanish/Hispanic/Latino
  - Mexican/Mexican American/Chicano
  - Puerto Rican
  - Cuban
  - Other Spanish/Hispanic/Latin American
- White/Caucasian (Middle Eastern Included)
- African American/Black
- American Indian/Alaskan Native

Tribal Affiliation

- Filipino/Filipino American
- Chinese/Chinese American
- East Indian
- Japanese/Japanese American
- Korean/Korean American
- Pacific Islander
- Other Asian (Middle Eastern Excluded)
- Other

Place of Birth \_\_\_\_\_  
City State Parish or County of Birth Country (If Not USA)

Are you a U. S. citizen? \_\_\_\_\_ If no, what is the country of your citizenship? \_\_\_\_\_

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U. S. State of Residence \_\_\_\_\_ Since \_\_\_\_\_

Immigration Status (If applicable)

- Permanent Resident
- Refugee
- Non-Immigrant

Alien Registration Number \_\_\_\_\_  
 Issued in \_\_\_\_\_ on \_\_\_\_\_  
 VISA Type \_\_\_\_\_

Parent/Guardian

Father:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Zip Code \_\_\_\_\_  
 State of Legal Residence \_\_\_\_\_

Mother:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Zip Code \_\_\_\_\_  
 State of Legal Residence \_\_\_\_\_

*No student may be admitted as a Mississippi resident unless all residence requirements are fulfilled and verified by the Office of the Registrar, Mississippi State University.*

High Schools Attended

High School Name _____	City _____	State _____
High School Name _____	City _____	State _____
High School Name _____	City _____	State _____
High School Name _____	City _____	State _____

When will you graduate from high school? \_\_\_\_\_

ACT/SAT Testing

ACT Composite Score \_\_\_\_\_ The most recent test date on which I took the ACT \_\_\_\_\_  
 SAT Composite Score \_\_\_\_\_ The most recent test date on which I took the SAT \_\_\_\_\_

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**Veterinary/Scientific Experience (List up to three)**

1. \_\_\_\_\_  
Name of Veterinarian/Scientist and Facility Name City State

\_\_\_\_\_  
From (Date) To (Date) Total Hours

- Paid
- Volunteer

Description of Duties:

2. \_\_\_\_\_  
Name of Veterinarian/Scientist and Facility Name City State

\_\_\_\_\_  
From (Date) To (Date) Total Hours

- Paid
- Volunteer

Description of Duties:

3. \_\_\_\_\_  
Name of Veterinarian/Scientist and Facility Name City State

\_\_\_\_\_  
From (Date) To (Date) Total Hours

- Paid
- Volunteer

Description of Duties:

**Other Employment Experience (List the three you believe are most significant without repeating any listed under Veterinary/Scientific Experience)**

1. \_\_\_\_\_  
Type of Experience City State

\_\_\_\_\_  
From (Date) To (Date) Total Hours

Description of Duties:

2. \_\_\_\_\_  
Type of Experience City State

\_\_\_\_\_  
From (Date) To (Date) Total Hours

Description of Duties:

3. \_\_\_\_\_  
Type of Experience City State

\_\_\_\_\_  
From (Date) To (Date) Total Hours

Description of Duties:

**Animal Experience (List the three you believe are most significant without repeating any under Veterinary/Scientific Experience or Other Employment Experience)**

1. \_\_\_\_\_  
Type of Experience City State

\_\_\_\_\_  
From (Date) To (Date) Total Hours

Description of Duties:

2. \_\_\_\_\_  
Type of Experience City State

\_\_\_\_\_  
From (Date) To (Date) Total Hours

Description of Duties:

3. \_\_\_\_\_  
Type of Experience City State

\_\_\_\_\_  
From (Date) To (Date) Total Hours

Description of Duties:

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**Honors and Awards (List the six you consider the most significant)**

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Honor/Award

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Date Received

Description of Honor/Award

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Honor/Award

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Date Received

Description of Honor/Award

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Honor/Award

---

Date Received

Description of Honor/Award

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Honor/Award

---

Date Received

Description of Honor/Award

---

Honor/Award

---

Date Received

Description of Honor/Award

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Honor/Award

---

Date Received

Description of Honor/Award

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**Extracurricular and Community Activities (List the three you consider the most significant)**

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Type of Activity \_\_\_\_\_ Dates \_\_\_\_\_

Description of Activity

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Type of Activity \_\_\_\_\_ Dates \_\_\_\_\_

Description of Activity

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Type of Activity \_\_\_\_\_ Dates \_\_\_\_\_

Description of Activity

**Personal Statement**

Your personal statement should include but not be limited to your goals for college and your veterinary medical career. You should also address what you consider your strongest character trait to be and how this trait will help you succeed during your college years. The length of your personal statement should be at least one-half page but will be limited to more than one page.



**Explanation Statement (Please refer to your instructions for completion).**

**Confidential Evaluators (Please list the names of the individuals who will submit evaluations on your behalf).**

Animal Experience Reference: \_\_\_\_\_

Academic Reference: \_\_\_\_\_

Other Reference: \_\_\_\_\_

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

- Yes
- No

If yes, provide a brief explanation.

**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 brief explanation.

## MSU-CVM Early Entry Application

**IMPORTANT:** Although handwritten applications are acceptable, we prefer the application be typed.

Please follow these steps:

1. Download and save this form onto your computer's desktop.
2. Type your responses into the appropriate editable areas of the application.
3. Save the completed form, and include your name (e.g., Save as: "John Doe EEP App").
4. Print the completed application.
5. Return application and all application materials to the address below.

I have submitted my official transcript to MSU.

Yes

No

When you sign this document, you verify that the information contained in this application is complete and accurate.

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Signature

Date

THIS APPLICATION IS SUPPLEMENTAL TO THE MISSISSIPPI STATE UNIVERSITY APPLICATION FOR ADMISSION WHICH MUST BE COMPLETED BY HIGH SCHOOL SENIORS WHO DESIRE TO ENTER MISSISSIPPI STATE UNIVERSITY AND WISH TO BE CONSIDERED FOR THE COLLEGE OF VETERINARY MEDICINE'S EARLY ENTRY PROGRAM.

**Your application packet is complete when:**

The Office of Student Admissions at MSU-CVM have received the application, the three evaluations, and an official transcript from all high schools that you have attended. Application materials may be submitted in one envelope or sent separately.

**Ground Delivery**

Office of Student Admissions—Early Entry Program  
College of Veterinary Medicine  
240 Wise Center Drive  
Starkville, MS 39759

**U. S. Postal Service**

Office of Student Admissions—Early Entry Program  
College of Veterinary Medicine  
Box 6100  
Mississippi State, MS 39762