

Cedar Valley College

Distance Education Veterinary Technology Program

DEVTP Program Application

Please select program

- AAS Veterinary Technology
- Veterinary Assisting Certificate
- Receptionist Certificate

Please Print Clearly or Type
All Fields are required for processing.

Student ID # _____

Last Name _____ **First Name** _____ **MI** _____ **DOB** _____

Address _____ **City** _____

State _____ **Zip** _____ **Country** _____ **Home Phone** _____

Cell Phone _____ **Email Address** _____

Ethnicity	College Experience	Gender	High School
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian, Pacific Island <input type="checkbox"/> American Indian, Alaskan Eskimo	<input type="checkbox"/> No College <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Masters <input type="checkbox"/> Bachelors <input type="checkbox"/> Doctrate	<input type="radio"/> Male <input type="radio"/> Female	<input type="checkbox"/> Graduate <input type="checkbox"/> GED <input type="checkbox"/> Homeschool

List all colleges attended for academic credit, including those in the Dallas County Community College District: (Do not abbreviate)

Colleges	Dates Attended	Degree
----------	----------------	--------

EQUAL EDUCATION OPPORTUNITY: Educational opportunities are offered by the Dallas County Community College District without regard to race, color, age, national origin, religion, sex, or handicap.

STATEMENT OF STUDENT'S RESPONSIBILITY

I have read and understand the admission process for the Veterinary Technology Program. By submitting an application to the program, I agree to abide by the admission requirements of the Veterinary Technology Program. I accept full responsibility for submitting a complete admission packet. I understand that I will not be accepted into the Veterinary Technology Program until I have completed all of the admission requirements.

Once I have submitted my admission packet, I understand that it is my responsibility to inform the Director of the DEVTP of any change in my status, address, telephone number, intentions to continue the program, or any other information that would affect my entrance into the program. I understand that the purpose of this program is to prepare me to be eligible to take appropriate examinations for credentialing as a veterinary technician in my state of residence.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS COMPLETE AND ACCURATE

Applicant's Signature _____

Date _____