



UNIVERSITY OF PENNSYLVANIA'S SCHOOL OF VETERINARY
 MEDICINE'S SUMMER PROGRAM 2017
 VETERINARY EXPLORATION THROUGH SCIENCE (VETS)

Summer 2017 Application Form (Please Type or Clearly Print in Black or Blue Pen)

I. Contact Information

Name	DOB
Current Age	

Permanent Address

Address	City, State, Zip
Home Phone:	Cell Phone:
E-mail:	

Mailing Address

SAME AS ABOVE

Address	City, State, Zip
Home Phone:	Cell Phone:
E-mail:	

*Under 18 years old: Parent/Guardian name(s) _____

Parent/Guardian Address (if different from Permanent Address):

Parent/Guardian Phone and Email (*email required if applicant email is not listed above*):

II. Education (fill in where applicable)

Have you applied in previous years? Yes No Year applied _____

In High School

Grade Year (as of April 2017): _____ Unweighted GPA _____
 (*Current Juniors and Graduating Seniors are eligible for the program*)

In College

Year in College: _____ GPA _____

Current School Attending: _____ Major: _____

Previous Schools Attended: _____

III. Extracurricular Activities

IV. Honors/Awards

V. Hobbies/Interests

VI. Veterinary Experience/Animal Experience – Please use the space provided to identify and describe any specific Veterinary and/or Animal Experience that you have had.
