

NCSU-CVM Internship/Residency Application

This application is to be used for programs NOT participating in the AAVC matching program only. Please print out, complete, and mail to the student services office.

Name		Social Security No.	
Present Address			
Permanent Address			
I am applying for (Internship/Residency Program)			
Special Disciplinary Interest			
Pre-veterinary Medical Education			
College	Dates Attended	Degree	Major(s)
		Overall GPA _____	
Name of Veterinary College Attended			
Date of Graduation	Class Rank (Please indicate Class Size/Your Rank)	GPA (Please indicate your GPA/scale based on)	
	_____/____	_____/____	
Academic Honors			

Previous Employment			
Employer	Address (City & State)	Supervisor	Dates
1.			
2.			
3.			
4.			
5.			
References: I have requested the following three practitioners of faculty members to send letters of recommendation			
1.			
2.			
3.			
Extra-curricular activities			
Publications, research or other pertinent experience			
Please have the registrar forward your transcripts to: College of Veterinary Medicine, NC State University, Student Services, Box 8401, Raleigh, NC 27606-1499			Please print out, complete, and mail to the student services office.

A statement describing what I expect from an internship/residency program and my future professional goals is attached to this application.

I have requested the registrar to forward a copy of my transcripts.

If accepted for an internship/residency, I can submit a birth certificate, copies of academic degrees, proof of citizenship, or proof of my legal right to remain and work in the position(s) for which I have applied.

Signed _____

Date _____

Mail to: NCSU-CVM
 Student Services Office
 Box 8401
 Raleigh, NC 27606-1499