



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 Human Resources office.

| | | | |
|--|--|--|----------|
| Name | | Email Address | |
| | | | |
| 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: Sue Chiappone, College of Veterinary Medicine, NC State University, Human Resources, 1060 William Moore Dr., Raleigh, NC 27607 | | | Please print out, complete, and mail to the HR 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.

I attest that the information I have provided on my application materials (application, resume, etc.) is to the best of my knowledge and ability, up-to-date and accurate. I authorize institutions, employers, associations, registration and licensing boards, and others to furnish whatever details are available concerning my qualifications. I understand that failure to disclose relevant information may be grounds for termination, disciplinary and/or criminal action.

By signing below, I certify that I have read and agree with the above statements.

Signed _____

Date _____

Mail to: Sue Chiappone, Human Resources
College of Veterinary Medicine, NC State University
1060 William Moore Dr.
Raleigh, NC 27607