Veterinary Health Technology Admission Packet

The University of Tennessee at Martin

Department of Agriculture, Geosciences, and Natural Resources

Veterinary Technology Program
256 Brehm Hall
Martin, TN 38238

The University of Tennessee at Martin
Veterinary Health Technology Program
Admission Procedures

To qualify for admission:

- Completion of VET 380
- Minimum cumulative GPA of 2.8 or higher
- All Animal Science and Veterinary Technology courses and courses which transfer or substitute for Animal Science and Veterinary Technology courses must be completed with a grade of C or better for successful completion of program.
- Minimum of 80 hours career experience with a veterinarian or veterinary technician.

Meeting these requirements does not guarantee acceptance into the veterinary technology program. Admission to the program will be a competitive process based on the following criteria if the maximum number of students is surpassed

Phase 1- Academic Evaluation
- Overall GPA 75%

Phase 2 - Non-academic evaluation and interview (If needed based on maximum program numbers)
- Veterinary career experience 10%
- Interview by program faculty   15%

New classes will be admitted to the program each fall and spring semester. Deadline for Fall applications will be May 1 of the year student plans to enter the program and applicants will be notified by July 1 of acceptance or denial. The deadline for Spring applications will be December 1 and applicants will be notified by January 4 of acceptance or denial.

THE UNIVERSITY *of*
TENNESSEE **UT**
MARTIN

The University of Tennessee at Martin

Veterinary Health Technology Program

Please submit the following application materials directly to the Department of Agriculture, Geosciences, and Natural Resources.

____1. Completed Veterinary Technology Admission Application

____2. Applicant Evaluation/Recommendation Form

____3. Proof of Rabies and Tetanus vaccination (note that Rabies vaccinations are included in the course fees for VET 385 – if you have questions check with your advisor)

PLEASE NOTE that the items listed above **MUST** be forwarded to the Department of Agriculture, Geosciences, and Natural Resources (AGN).

Submit all application materials to:

Department of Agriculture, Geosciences, and Natural Resources
The University of Tennessee at Martin
256 Brehm Hall
Martin, TN 38238
Attn: Vet Tech Admissions

Admission Application

The University of Tennessee at Martin
Veterinary Health Technology Program
Bachelor of Science in Veterinary Science
and Technology
Concentration in Veterinary Health Technology
(1142)

When do you plan on entering the Veterinary Technology Program? _____

<div align="center">Semester/Year</div>

Full Legal Name: _____

<div align="center">Last   First   Middle</div>

Address: _____

<div align="center">Street/Route   City   State   Zip</div>

UTM I.D. #: _____   Phone Number: _____

UTM Email Address: _____

Name and phone number of person to contact in case of emergency:

     Name: _____   Work Phone: _____

                                           Home Phone: _____

Are you now or have you previously attended college/university (including the University of Tennessee at Martin)?

     Y _____   N _____

     If yes, give the name, years attended, and number of credit hours attempted:

     a. _____ Currently Attending? Y_____ N_____

     b. _____ Currently Attending? Y_____ N_____

The University of Tennessee at Martin

Veterinary Health Technology Program

Immunization Documentation

Applicant's Full Name: _____

Date of Birth: _____

ATTACH DOCUMENTATION OF TETANUS AND RABIES IMMUNIZATIONS in accordance with current CDC guidelines.

The University of Tennessee at Martin

Veterinary Health Technology
Program Applicant
Evaluation/Recommendation Form

To be completed by applicant's veterinary experience provider

1. Applicant's Name: _____

2. How long have you known the applicant? _____

3. Was the applicant a paid employee or volunteer? _____

4. In what capacity did the applicant serve you? (kennels, vet assist, front desk, observer)_____

   _____

5. Has the applicant completed at least 80 hours working or volunteering at your practice? _____

6. How long has the applicant worked or volunteered at your practice? _____

Comments:

I hereby verify that the applicant has assisted or observed within my practice as indicated above.

Name:_____Title:_____

Address:_____

Clinic Name: _____

Signature:_____Date:_____