

Joliet Junior College
Application for the Veterinary Medical Technology Program

Name: _____ SS# _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No. (Home) _____ Former Name: _____
(Work) _____

Please indicate the year you would prefer to begin the Veterinary Technician sequence:

____ Fall, 2006 ____ Fall, 2007 ____ Fall, 2008 ____ Fall, 2009

Have you submitted a JJC application? ____ Yes ____ No

Have you submitted official copies of your
High school or GED transcripts? ____ Yes ____ No

Have you submitted college transcripts ____ Yes ____ No

(If you answered no, please send an official copy of the above documents to the Office of Admissions)

Name of high school attended: _____ Year graduated: _____

Name of colleges attended:

_____ Year graduated: _____ Degree _____

_____ Year graduated: _____ Degree _____

_____ Year graduated: _____ Degree _____

_____ Year graduated: _____ Degree _____

Please complete other side

Have you ever been enrolled in a veterinary medical technology program? ___Yes ___No

If yes, please identify the institution:_____

Did you leave that institution in good academic standing? _____Yes _____No

Are you currently attending classes at Joliet Junior College? _____Yes _____No

Have you attended Joliet Junior College in the past? _____Yes _____No

If yes, please indicate the date(s) of attendance:_____

Have you received and read the Veterinary Technology Program Admissions Policy and Procedure manual? _____Yes _____No

I have read and understand the information contained in the Veterinary Medical Technology Program Admissions Policy and Procedure Manual. I fully accept and agree with the policies and procedures contained therein. Furthermore, I certify the answers given are true, accurate and complete. I understand that any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal.

Signature:_____Date:_____