

List All Colleges and/or Universities Attended:

(Please attach a separate page for additional college info)

| Institution Name | City/ State | Yrs Attended | Degree Received/ Year |
|------------------|-------------|--------------|-----------------------|
|------------------|-------------|--------------|-----------------------|

| Institution Name | City/ State | Yrs Attended | Degree Received/ Year |
|------------------|-------------|--------------|-----------------------|
|------------------|-------------|--------------|-----------------------|

List all Service or Trade Schools Attended:

(Please attach a separate page for additional info)

| Institution Name | City/ State | Yrs Attended | Certificate Received/ Year |
|------------------|-------------|--------------|----------------------------|
|------------------|-------------|--------------|----------------------------|

Have you ever been suspended, dismissed, or forcibly withdrawn from an institution for nonacademic reasons? Yes No

(If the answer is yes, please attach a full explanation on a separate page.)

General Information

List any Veterinary or Animal Experience: (paid or volunteer)

| Clinic Name | Dates Worked | Duties |
|-------------|--------------|--------|
|-------------|--------------|--------|

| Clinic Name | Dates Worked | Duties |
|-------------|--------------|--------|
|-------------|--------------|--------|

In order to insure that you are in compliance to be able to take licensure examinations once all academic requirements are completed, please respond to the following question:

Have you ever been convicted of a felony or misdemeanor? Yes No

(If the answer is yes, please attach a full explanation on a separate page.)

Signature

I certify that all the above information on this application is complete and accurate. I also, voluntarily give Carver Career Center permission to make an investigation of my criminal and school background, and I hereby release from liability or responsibility all persons and municipalities supplying such information.

X _____
Signature of Applicant

Date