

*Arizona WICHE Professional Student Exchange Program*

**WICHE VETERINARY MEDICINE APPLICANTS  
STATEMENT OF UNDERSTANDING**

I, \_\_\_\_\_, understand that offers for support will be made to certified WICHE applicants based on the availability of funding provided by each State's Legislature. Offers will be made according to a collective ranking of applicants by the veterinary medicine schools participating in WICHE. Applicants are strongly encouraged to apply to all cooperating institutions to be considered for admission to any of them. If I choose to apply to fewer than all programs, I risk receiving less than full consideration for available funding.

\_\_\_\_\_  
(Print your name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Permanent address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Date)

Note: You are encouraged to keep a copy of this statement for your records.

**Please return two (2) signed copies to the Arizona WICHE Office.**

[Original provided by WICHE-Boulder-S:\WICHE\VM STATEMENT OF UNDERSTANDING-1.WPD]

[Revised 09/07]