

Arizona WICHE Professional Student Exchange Program

WICHE VETERINARY MEDICINE APPLICANTS
STATEMENT OF INTENT

Note: TO BE CONSIDERED FOR FUNDING BY THE STATE OF ARIZONA IN THE FIELD OF VETERINARY MEDICINE, ALL APPLICANTS WHO RECEIVE AN ADMISSION OFFER FROM A WICHE PARTICIPATING SCHOOL MUST NOTIFY THE ARIZONA WICHE OFFICE, ***IN WRITING***, OF THEIR CHOICE OF SCHOOL OF ATTENDANCE BY MARCH 15 OF THE YEAR OF OFFER. FAILURE TO REPORT YOUR SCHOOL OF ATTENDANCE BY MARCH 15 WILL EFFECT THE POSSIBILITY OF BEING FUNDED.

Certification for eligibility of WICHE support at all cooperating veterinary medicine programs is based on the understanding that you are committed to remain in the degree program from the time of your first enrollment until completion of the course of study. Your certification as an Arizona participant in the WICHE Professional Student Exchange Program will, therefore, be sent to the participating veterinary medical schools only after you have signed this form.

The participating veterinary schools must be able to depend on the assured support of each admitted nonresident as a participant in the WICHE-Professional Student Exchange Program (PSEP) throughout the entire program of professional schooling. This form signifies your intention and commitment, if admitted under the WICHE PSEP, to pursue your studies in veterinary medicine as a WICHE exchange student for the duration of your education.

As a certified WICHE applicant, I am aware that if the State of Arizona undertakes payment of support fees to defray the cost of my veterinary medical education, I am, if admitted under the WICHE Professional Student Exchange Program, committed to pursue my studies in veterinary medicine as a supported WICHE exchange student without voluntary interruption until I have qualified for my degree.

Please signify this intention and commitment by your signature below and return two signed copies of this form with your application.

PRINT YOUR NAME _____
SIGNATURE _____
PERMANENT ADDRESS _____
CITY, STATE, ZIP _____
EMAIL ADDRESS _____
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.