

Tarleton State University
Application for Graduate School in
The Department of Animal Sciences and Veterinary Technology
Box T-0070, Stephenville, TX 76402

Name: _____

Date of Birth: _____ Texas Resident Yes _____ No _____

Email address: _____

Contact phone: _____ Work _____ Home _____ Cell _____

Permanent address: _____

City _____ State _____ Zip _____

Local address: _____

City _____ State _____ Zip _____

<u>Colleges or Universities Attended</u>	<u>Dates Attended</u>	<u>Degree(s)</u>	<u>Major</u>

Overall GPA _____ Last 60 Hours GPA _____

GRE _____ (overall) GRE _____ (writing score)
(NOTE: GRE is not required but if applicable, please record the scores)

Degree of interest for graduate study:

____ M.S. Animal Sci. (thesis)

____ M.S. Animal Sci. (non-thesis)

When do you plan to enter Graduate School? (Select semester and indicate the year.)

Fall (August) _____ Year _____

Spring (January) _____ Year _____

Summer (May) _____ Year _____

Do you seek a graduate assistantship? () Yes () No

Have you reviewed the ASVT Graduate Student Information Packet? () Yes () No

Did you complete and submit the FASFA /financial aid application? () Yes () No

Which faculty member will you work with as your major advisor? _____

Faculty member signature _____

Please provide the following:

1. Copies of all college transcripts for non-Tarleton students. (You must also provide the Graduate School with “**official**” transcripts.)
2. A resume or curriculum vita.
3. A statement of short term and long term education *and* career goals.
4. Listed contact information for three **academic references** sent to the ASVT departmental graduate coordinator.

Signature Date

All of the items above should be sent to: Graduate Coordinator, Dept. of Animal Sciences and Veterinary Technology; Box T-0070, Tarleton State University, Stephenville, TX 76402 OR emailed: asvt@tarleton.edu OR FAX 254-968-9300.

<p>For Committee Use Only:</p> <p>_____ Recommend acceptance</p> <p>_____ Recommend Acceptance with conditions (attach to application)</p> <p>_____ Reject (attach justification to application)</p> <p>_____ ASVT Department Head DATE</p>
