



Application for Veterinary Technician Program

This application is effective for **ONLY** one review. A new application is required for each admission request.
New classes begin in the fall semester each year

Name:

Last Name First Name Middle Name Other names used on records

MCC Student ID # _____

Current mailing address:

House Number Street, Route or P.O. Box Number Apartment Number

City County State Zip

Telephone number: () () ()
Home Work Cell

E-mail address: _____

Previous experience in animal health or veterinary medicine: _____

Primary interest: ☐ Small animal medicine ☐ Large animal medicine ☐ Exotic medicine ☐ Industry ☐ Other

Date of expected enrollment: Fall 20_____ SAT/ACT Test Date: _____ Accuplacer Test Date: _____

TASP Test Date: _____ Are the scores on file with MCC? _____

List all colleges and/or technical schools you have attended, including MCC:

College/Tech School: _____ Dates Attended _____

Application for admission to the college must be **completed before the applicant can be considered for admission to the Veterinary Technician Program**. Note: It is the applicant's responsibility to submit updated transcripts to the Office of Student Admissions as additional courses are completed.

I certify that the information furnished on this application is complete and correct.

Signature

Date

Return this form to:

**Program Director Veterinary Technology
1400 College Drive
Waco, Texas 76708**



1400 College Drive • Waco, TX 76708
www.mclennan.edu