



Cornell University
College of Veterinary Medicine

Evaluation of Non-Veterinary Related Work Experience

Note to Evaluator

Please complete this form and email, FAX or send via mail directly to the DVM Admissions Office. We follow deadlines closely, so please make sure you check with the applicant about deadlines.

For Applicant and Evaluator

Action on this application by the Admissions Committee will be based on an evaluation of the applicant's capacity for intensive professional graduate study and his or her potential for professional success. To encourage the evaluator to provide the college with a candid evaluation, denied applicants will not have access to this evaluation. The comments below will be reviewed only by those involved with admissions.

Applicant should complete this section

Today's Date _____

Applicant's Full Name _____

Email Address on Your Application _____

Permanent/Home Telephone Number on Your Application _____

Applicant: In accordance with the Family Educational Rights and Privacy Act of 1974, you can waive your right to inspect this evaluation by checking the box below.

I hereby waive my right of access to this evaluation.

Evaluator should complete this section

Please type or print and attach additional sheets if necessary.

Your (Evaluator's) Full Name _____

Title or Occupation _____

Mailing Address _____

Telephone and Email Address _____

Office of Student & Academic Services, DVM Admissions Office
Cornell University College of Veterinary Medicine,
S2 009 Schurman Hall, Ithaca, NY 14853,
(607) 253-3700; Fax (607)253-3709, vet_admissions@cornell.edu

