

# Doctor of Veterinary Medicine

Background Information Form • September 2012 Entry Point

Name of Applicant (please type): \_\_\_\_\_

Mailing Address (after April 15):

Street and Apt.: \_\_\_\_\_

City and Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone # (include area code): \_\_\_\_\_ U of G ID# \_\_\_\_\_

University of Guelph E-mail Address: \_\_\_\_\_

## IMPORTANT NOTICES

1. Return this Form via your University of Guelph email address to: [dvm bif@registrar.uoguelph.ca](mailto:dvm bif@registrar.uoguelph.ca) before March 1st.
2. You must submit copies of course descriptions or outlines for all prerequisite courses declared in Section C if the courses were taken at an institution other than the University of Guelph. Please include them as attachments to the email you send with your completed Form.
3. The address you provide will be used for any further communication by Admission Services up to August 30.
4. In total, only four applications for admission to the DVM Program will be considered from an individual.
5. The DVM Admissions Committee reserves the right to contact referees in order to verify information.
6. **Please note that students will receive their notice of interview, including the interview place, date and time, only via their University of Guelph e-mail address.**

### Graduate Student Applicants

I hereby declare my intention to be considered for admission in the graduate cohort, I understand that inclusion in this cohort means that my application will not be considered in the undergraduate applicant pool.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## FOR INTERNAL USE ONLY

<b>MCAT</b>	<b>NUMBER OF TIMES APPLIED</b>	<b>EXTERNAL APPLICATION</b> _____
DATE: _____	DATE: _____	<b>INTERNAL APPLICATION</b> _____
DATE: _____	DATE: _____	
DATE: _____	DATE: _____	
DATE: _____	DATE: _____	

# THE ADMISSION PROCEDURE

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The admission process will commence upon receipt of completed applications and will continue until approximately mid to late June.

Note: If you have applied before, please note that your previously submitted Background Information Forms and reference forms will NOT be used by the Admissions Committee. Accordingly, this Background Information Form MUST BE COMPLETED IN FULL.

## SUBMISSION OF OFFICIAL DOCUMENTS AND DEADLINE DATES

Applications will be complete when all undergraduate post secondary documents and MCAT scores are submitted to Admission Services, University Centre (level 3), University of Guelph, Guelph, Ontario, N1G 2W1. Students are not required to submit post secondary transcripts unless they have attended postsecondary institutions other than the University of Guelph. **The deadline date for receipt of official transcripts is March 1, and we encourage applicants to arrange for earlier submission of official transcripts if possible.**

The deadline date for receipt of official MCAT scores is January 1. Students must request their scores to be released online to the University of Guelph through the MCAT Testing History (THx) System using their AAMC login and password.

The Background Information Form and sealed confidential assessments from three referees must be submitted by all candidates as part of the official documentation. The deadline date for receipt of the Background Information Form and referee assessments is March 1. If your Background Information Form and referee assessments are received after this date, your application will not receive further consideration.

## INTERVIEWS

In making its assessment of an applicant for admission, the Admissions Committee may request an interview. Not all applicants will be interviewed. If an interview is deemed appropriate by the Admissions Committee, the applicant will be advised in late April of the interview time. **Please note that students will receive their notice of interview, including the interview place, date and time, only via their University of Guelph e-mail address.**

Applicants will be selected for interview on the basis of academic standing (admission average), MCAT scores, evaluation of the information contained in the Background Information Form, confidential referee assessments and the quality of academic program.

## OTHER GRADING SYSTEMS

The Admissions Committee cannot evaluate Honours, Pre Fail, and Satisfactory Unsatisfactory grading systems. Applicants should obtain a numerical or letter grade for all prerequisite courses and courses completed in the last two full time semesters of their program, and the grades should be certified by the Registrar of the university attended. Transcripts received from institutions that record letter grades only and do not indicate an official numerical equivalent are equated to a numerical guide as follows:

with an A+, A, A-, B, B+, B- system

A+.....95	C+.....68
A .....87	C .....65
A- .....82	C- .....61
B+.....78	D+.....58
B .....75	D .....55
B- .....71	D- .....51

Each mark calculated in deriving the admission average is based on a 50 to 100 grading scheme. In cases where a student has attended an institution that uses a different grading scheme (such as Quebec CEGEP), a mathematical formula is used to adjust each individual mark to a common 50 100 grading scheme. For example, if the grading scheme at the institution is 60 100 (59 and below is a failure), the following formula is applied to each mark:  $5/4$  (original mark – 60) + 50. If students have attended institutions with grading schemes other than outlined above, they should contact Admission Services, Office of Registrarial Services, to determine whether or not the courses can be considered.

# A. RESIDENCY STATUS

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## Residency Requirements

Canadian citizens or individuals who have Permanent Residence Status of at least one year's duration, and who are residents of Ontario, will be considered for admission to the Ontario Veterinary College. 'Resident' in this context is interpreted to mean someone who has resided in Ontario for twelve months, exclusive of time spent in post secondary institutions.

- a) Citizenship:** (i) Canadian \_\_\_\_\_  
(ii) Permanent Resident (Landed Immigrant) \_\_\_\_\_  
Date Landed: \_\_\_\_\_  
(iii) Other (specify) \_\_\_\_\_

**b) Permanent Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: (include area code) \_\_\_\_\_  
Email: \_\_\_\_\_

**c) Emergency Contact name and address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: (include area code) \_\_\_\_\_  
Email: \_\_\_\_\_

**d) Do you meet the Ontario residency requirement?**     Yes     No

**A Canadian citizen or an individual with permanent resident status in Canada who has also resided in Ontario for 12 months exclusive of time spent registered in post-secondary institutions.**

**(i) If yes, specify the dates during which you resided in Ontario:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**(iii) Other (please specify)** \_\_\_\_\_

I certify that the information provided in this form is accurate and complete, including my declaration of citizenship and status in Canada and province of residence. I understand that I may have to provide documentation to substantiate my claim and that any misrepresentation of this data will result in the cancellation of my admission or registration status.

**Name (please print)** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

## B. EDUCATIONAL BACKGROUND

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### Candidate Education

#### a) Secondary School:

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name City&Province

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name City&Province

#### b) College and University (baccalaureate and graduate degrees):

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name City&Province

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name City&Province

### MCAT (Medical College Admission Test)

Note: Ensure that your MCAT score reports are released well before the January 1st deadline. Go to (<http://aamc.org/mcat>) to release your scores to the University of Guelph.

Please indicate all MCAT test dates.

	Month	Day	Year
1.			
2.			
3.			
4.			

## C. ACADEMIC BACKGROUND

Name \_\_\_\_\_ U of G ID# \_\_\_\_\_

1. The calculation of the admission average will be based on the marks of the specific subject matter prerequisites reported on this form together with the average of the last two acceptable fulltime undergraduate University semesters and the MCAT scores. For the purpose of the DVM admission, a full-time semester will include at least 5 acceptable half-year courses (2.50 credits). Prerequisite courses must be completed in full-time semesters.
2. Students should refer to the table outlined below for guidance regarding the subjects that may be recognized as meeting the general course requirements in the Biological Sciences, and Humanities/Social Science areas.
3. All subject requirements must be met prior to January 1, 2012.
4. All courses must be at university level.

PREREQUISITE COURSE	NAME OF INSTITUTION	COURSE TITLE	UNIVERSITY COURSE CODE	YEAR/SEM. e.g. Fall 2004	CREDIT WEIGHT <sup>1</sup>	GRADE
<b>BIOLOGICAL SCIENCES<sup>2</sup></b> 2 semester courses (1.0 credits)						
<b>CELL BIOLOGY</b> 1 semester course (.5 credits)						
<b>GENETICS</b> 1 semester course (.5 credits)						
<b>STATISTICS</b> 1 semester course (.5 credits)						
<b>BIOCHEMISTRY</b> 1 semester course (.5 credits)						
<b>HUMANITIES &amp; SOCIAL SCIENCES<sup>3</sup></b> 2 semester courses (1.0 credits)						

1 Full year University course equals a credit weight of 1.0. Half year University Course (a one semester course) equals a credit weight of 0.5.

2 BIOLOGICAL SCIENCE SUBJECT AREAS: anatomy, animal science, biology, biomedical sciences, environmental biology, molecular biology and genetics, food science, microbiology, nutrition, pharmacology, pathology, population medicine, human kinetics, physiology, soil science, toxicology, zoology.

3 HUMANITIES AND SOCIAL SCIENCE SUBJECT AREAS: art history, classical studies, drama, English or other language, fine art, history, humanities, interdisciplinary university courses, literature in English translation, linguistics, music, philosophy, economics, geography, political studies, psychology, rural extension, social science, and sociology anthropology.

PLEASE NOTE: While the subject areas listed may be used to satisfy the specific subject requirements, some courses the subject areas may not be acceptable. Please refer to the Acceptable Course list under Admission Requirements on the website: <http://www.ovc.uoguelph.ca>

### LAST FULL-TIME ACADEMIC YEAR OF UNDERGRADUATE STUDIES:

Each of the last two semesters that will be used in the calculation of the DVM admission average must include a minimum of five acceptable half year courses. (the equivalent of 2.50 credits at Guelph). Please refer to the rules regarding acceptable courses and acceptable course levels under admission requirements at <http://www.ovc.uoguelph.ca>.

Name of University \_\_\_\_\_

Degree Program \_\_\_\_\_

From \_\_\_\_\_ m/yr to \_\_\_\_\_ m/yr

# D. VETERINARY AND PERSONAL BACKGROUND

Full name of applicant: \_\_\_\_\_ U of G ID#: \_\_\_\_\_

Mail address: \_\_\_\_\_

Telephone #s: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Veterinary Experience

Name of Veterinarian and Clinic	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
_____	_____	_____	_____	_____

City	Province				Telephone No.		
Small	Food Animal	Equine	Mixed Animal	Research	Zoo/Wildlife	Exotic/Avian	Other (Specify)
_____	_____	_____	_____	_____	_____	_____	_____

Description of Duties \_\_\_\_\_

Name of Veterinarian and Clinic	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
_____	_____	_____	_____	_____

City	Province				Telephone No.		
Small	Food Animal	Equine	Mixed Animal	Research	Zoo/Wildlife	Exotic/Avian	Other (Specify)
_____	_____	_____	_____	_____	_____	_____	_____

Description of Duties \_\_\_\_\_

Name of Veterinarian and Clinic	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
_____	_____	_____	_____	_____

City	Province				Telephone No.		
Small	Food Animal	Equine	Mixed Animal	Research	Zoo/Wildlife	Exotic/Avian	Other (Specify)
_____	_____	_____	_____	_____	_____	_____	_____

Description of Duties \_\_\_\_\_

Name of Veterinarian and Clinic	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
_____	_____	_____	_____	_____

City	Province				Telephone No.		
Small	Food Animal	Equine	Mixed Animal	Research	Zoo/Wildlife	Exotic/Avian	Other (Specify)
_____	_____	_____	_____	_____	_____	_____	_____

Description of Duties \_\_\_\_\_

Name of Veterinarian and Clinic	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
City	Province		Telephone No.	
Small    Food Animal	Equine	Mixed Animal	Research	Zoo/Wildlife    Exotic/Avian    Other (Specify)
Description of Duties _____				
_____				

### Animal Experience

Type of Experience	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
City	Province		Telephone No.	
Small    Food Animal	Equine	Mixed Animal	Research	Zoo/Wildlife    Exotic/Avian    Other (Specify)
Description of Duties _____				
_____				

Type of Experience	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
City	Province		Telephone No.	
Small    Food Animal	Equine	Mixed Animal	Research	Zoo/Wildlife    Exotic/Avian    Other (Specify)
Description of Duties _____				
_____				

Type of Experience	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
City	Province		Telephone No.	
Small    Food Animal	Equine	Mixed Animal	Research	Zoo/Wildlife    Exotic/Avian    Other (Specify)
Description of Duties _____				
_____				

Type of Experience	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
City	Province		Telephone No.	
Small    Food Animal	Equine	Mixed Animal	Research	Zoo/Wildlife    Exotic/Avian    Other (Specify)
Description of Duties _____				
_____				

Type of Experience	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
_____	_____	_____	_____	_____

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**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_  
**Small**    **Food Animal**    **Equine**    **Mixed Animal**    **Research**    **Zoo/Wildlife**    **Exotic/Avian**    **Other (Specify)** \_\_\_\_\_  
**Description of Duties** \_\_\_\_\_  
 \_\_\_\_\_

### Other Employment Experience

Name of Company	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
_____	_____	_____	_____	_____

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**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_  
**Description of Duties** \_\_\_\_\_  
 \_\_\_\_\_

Name of Company	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
_____	_____	_____	_____	_____

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**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_  
**Description of Duties** \_\_\_\_\_  
 \_\_\_\_\_

Name of Company	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
_____	_____	_____	_____	_____

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**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_  
**Description of Duties** \_\_\_\_\_  
 \_\_\_\_\_

Name of Company	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
_____	_____	_____	_____	_____

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**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_  
**Description of Duties** \_\_\_\_\_  
 \_\_\_\_\_

Name of Company	Dates (mm/yr)		Hours	
	From	To	Avg./Week	Total
_____	_____	_____	_____	_____

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**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_  
**Description of Duties** \_\_\_\_\_  
 \_\_\_\_\_

## Extra Curricular and Community Activities

Extracurricular and Community Activities	Dates (mm/yr)		Hours	
	From	To	Avg./Week	TotalCity

Brief Description/Comments \_\_\_\_\_

Extracurricular and Community Activities	Dates (mm/yr)		Hours	
	From	To	Avg./Week	TotalCity

Brief Description/Comments \_\_\_\_\_

Extracurricular and Community Activities	Dates (mm/yr)		Hours	
	From	To	Avg./Week	TotalCity

Brief Description/Comments \_\_\_\_\_

Extracurricular and Community Activities	Dates (mm/yr)		Hours	
	From	To	Avg./Week	TotalCity

Brief Description/Comments \_\_\_\_\_

Extracurricular and Community Activities	Dates (mm/yr)		Hours	
	From	To	Avg./Week	TotalCity

Brief Description/Comments \_\_\_\_\_

Extracurricular and Community Activities	Dates (mm/yr)		Hours	
	From	To	Avg./Week	TotalCity

Brief Description/Comments \_\_\_\_\_

## Personal Statement

1. Explain why you wish to be veterinarian.  
Please respond in essay form.

**I declare that all responses on this form are accurate and were prepared entirely by me.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS SPACE MAY NOT BE USED AND NO ADDITIONAL PAGES MAY BE ADDED.