



Cornell University
College of Veterinary Medicine

Evaluation of Non-Veterinary Related Work Experience

Note to Evaluator

Please complete this form and give it to the applicant in a sealed envelope with your signature across the back **or** send it directly to the DVM Admissions Office. As deadlines are followed closely, please make sure you check with the applicant for the appropriate date to ensure their application is complete on time.

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. Should you decide *not* to waive the right, you will have access to the evaluation only if you enroll in the DVM or Combined DVM/PhD Degree Program at Cornell University.

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 _____

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