

MT. SAN ANTONIO COLLEGE
Registered Veterinary Technology Program
1100 North Grand Avenue, Walnut, CA 91789
TEL (909) 274-4540
FAX (909) 468-3917
Email: dwaters@mtsac.edu

For Office Use Only

Received ____/____/____

By _____

Application for Registered Veterinary Technology Program

*This program accepts applicants twice a year in the Fall and Spring
(Fall admission deadline – June 1st; Spring admission deadline – December 1st)*

PLEASE PRINT THE FOLLOWING INFORMATION IN INK:

1. _____
LAST FIRST MIDDLE PREVIOUS LAST NAMES

HOME ADDRESS

CITY STATE ZIP CODE

DATE OF BIRTH ____/____/____ PHONE: (____) _____ - _____

CELL (____) _____ - _____ EMAIL _____

MSAC STUDENT ID NUMBER _____

2. IN CASE OF AN EMERGENCY INVOLVING YOURSELF, WHO SHOULD BE NOTIFIED?

NAME RELATIONSHIP

ADDRESS CITY STATE/ZIP PHONE NUMBER

3. **EDUCATION** – Please list high school, college, university, or military experience, etc.

| SCHOOL | DATES (FROM/TO) | DIPLOMA/DEGREE | MAJOR |
|--------|--------------------|----------------|-------|
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4. **GENERAL HEALTH.** Do you have any physical limitations or previous illnesses that would interfere with entering or completing this program? ____ yes ____ no

If yes, please list. _____

Signature _____ Date _____

Please email your application to dwaters@mtsac.edu