



MONTANA UNIVERSITY SYSTEM
OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION

2500 Broadway – PO Box 203201 – Helena, Montana 59620-3201
(406) 444-6570 – FAX (406) 444-1469

WICHE VETERINARY MEDICINE APPLICANTS

STATEMENT OF UNDERSTANDING

I, _____, understand that offers for support will be made to certified WICHE applicants based on the availability of funding from each state. Offers will be made according to a collective ranking of students by the veterinary medicine schools participating in WICHE with the exception of UC Davis. It is to my advantage to apply to all cooperating institutions to be considered for admission to any of them. If I choose to apply to fewer than all programs, I risk receiving less than full consideration for available funding.

Signature

Permanent Address

City, State, Zip

Date

NOTE TO STUDENT: Keep a copy of this statement for your records.