

## **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. Applicants are strongly encouraged 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: You are encouraged to keep a copy of this statement for your records.