AVMA Sponsored Student Scholarship Program Registration Form
Online Certificate Program for Diversity and Inclusion in Veterinary Medicine

Veterinary College/School

1. Student Name __________________________________________________________
   Address ________________________________________________________________
   City __________________________ State _______ Zip ______________
   Phone ________________________________________________________________
   Email ________________________________________________________________
   Year in vet school □ First □ Second □ Third □ Fourth
   □ By checking this box, the student agrees to allow mandatory post-certification follow-up by the AVMA

2. Student Name __________________________________________________________
   Address ________________________________________________________________
   City __________________________ State _______ Zip ______________
   Phone ________________________________________________________________
   Email ________________________________________________________________
   Year in vet school □ First □ Second □ Third □ Fourth
   □ By checking this box, the student agrees to allow mandatory post-certification follow-up by the AVMA

3. Student Name __________________________________________________________
   Address ________________________________________________________________
   City __________________________ State _______ Zip ______________
   Phone ________________________________________________________________
   Email ________________________________________________________________
   Year in vet school □ First □ Second □ Third □ Fourth
   □ By checking this box, the student agrees to allow mandatory post-certification follow-up by the AVMA

4. Student Name __________________________________________________________
   Address ________________________________________________________________
   City __________________________ State _______ Zip ______________
   Phone ________________________________________________________________
   Email ________________________________________________________________
   Year in vet school □ First □ Second □ Third □ Fourth
   □ By checking this box, the student agrees to allow mandatory post-certification follow-up by the AVMA

Dean’s Printed Name ______________________  Dean’s Signature ____________________  Date __________

Please email completed form to hcvm@purdue.edu

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