

**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 hcvn@purdue.edu

*Purdue University is an equal access/equal opportunity/affirmative action university.
If you have trouble accessing this document because of a disability, please contact hcvn@purdue.edu*