

**AAVMC-Sponsored Faculty and Staff Scholarship Program Registration Form
Online Certificate Program for Diversity and Inclusion in Veterinary Medicine**



Veterinary College/School _____

Program Fee: \$500 (Please note: All 4 faculty and staff members must register at the same time)

Payment Method

Please provide a phone number, so Purdue Online Learning may contact you to arrange payment.

Contact Name: _____

Best Phone Number to Contact: _____

**Please email or fax completed form and Group Registrant List to the Purdue University
College of Veterinary Medicine's Office of Engagement**

Purdue Veterinary Medicine
Office of Engagement
Lynn Hall, Room 1191
625 Harrison Street
West Lafayette, IN 47907

Fax: 765-496-3332
Email: hcvu@purdue.edu

For registration information or questions, contact:
Adrienne Fisch fischa@purdue.edu 765-494-0145 or
Dr. Sandy San Miguel amasss@purdue.edu 765-494-8052

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Online Certificate Program for Diversity and Inclusion in Veterinary Medicine**

1. Faculty Member 1 Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

By checking this box, I agree to allow post-certification follow-up by the AAVMC

2. Faculty Member 2 Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

By checking this box, I agree to allow post-certification follow-up by the AAVMC

3. Staff Member 1 Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

By checking this box, I agree to allow post-certification follow-up by the AAVMC

4. Staff Member 2 Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

By checking this box, I agree to allow post-certification follow-up by the AAVMC

Dean's Printed Name _____ Dean's Signature _____ Date _____

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