

Candidate Form Due: March 7th



NameAddress:		Social Security # WCC ID		OR	
City, State, Zip:		E-Mail:			
Primary Phone: ()	Cell or home?				
Required information. Please provide	the information	on the approp	riate line for prid	or courses taken.	
COURSE INFORMATION:		Currently	Not	Transfer	
	<u>Grade</u>	<u>Enrolled</u>	<u>Taken Yet</u>	<u>Credit*</u>	
Biological Science II					
BIO 103 or equiv.					
Principles of Inorganic Chemistry					
CHEM 113 or equiv.					
Other SCIENCE COURSE(S)					
Designate					
Writing and Research					
ENG 101 or equiv.					
Writing and Literature					
ENG 102 or equiv.					
MATHEMATICS					
MATH 130 or equiv. algebra					
GENERAL PSYCHOLOGY					
PSCYH 101 or equiv.					
HEALTH & SPORTS					
PEC 110 or equiv.					
*TRANSER CREDITS					
Do you have previous college credits f	or evaluation?		Yes	No	
Have you submitted an official transcript for your previous		ous credits?	Yes	No	
Print Name	Candidate's Signature			Date	
Please address questions to: Dr. Godi	n; <u>VetTech@suny</u>	wcc.edu			
Mail completed form to: West	chester Communi	ty College			

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Division of Natural and Health Sciences
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