

Date:

Letter of Agreement

I, _____, certify that:

- All information provided in this application is true and complete.
- I understand that all prerequisites (BIO 111 & ENG 121) must be completed before starting the CCD Veterinary Technology Program.
- It is my responsibility to provide all requested information to complete my application and student file. Failure to provide all requested information may adversely affect my application process.
- Admission to the program is conditional until all requirements have been satisfactorily completed.
- Permission is granted to the CCD Veterinary Technology Program, if necessary, to request additional information from previous schools concerning my academic conduct and record.
- I understand that patient recruitment to meet my clinical education requirements may be a part of my personal responsibility.

Student: _

Print Name

Signature