



Nevada Governor's Office of the  
Western regional education Compact  
Western Interstate Commission for Higher Education (WICHE)

Commissioners  
Frederick B. Lokken  
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Dr. Gillian Barclay

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Lena Frias  
Director  
Certifying Officer

## WICHE VETERINARY MEDICINE APPLICANTS STATEMENT OF UNDERSTANDING

I, \_\_\_\_\_, understand that offers for support will be made to certified WICHE applicants based on the availability of funding from each state. Offers will be made according to a collective ranking of students by the veterinary medicine schools participating in WICHE. Applicants are strongly encouraged to apply to all cooperating institutions to be considered for admission to any of them. If I choose to apply to fewer than all programs, I risk receiving less than full consideration for available funding.

Signature \_\_\_\_\_

Permanent Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date \_\_\_\_\_



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## WICHE VETERINARY MEDICINE APPLICANTS STATEMENT OF INTENT

TO: Applicants – WICHE Support in Veterinary Medicine

FROM: State Certifying Officer

RE: Statement of Intent

Certification for eligibility of WICHE support at all cooperating veterinary medical programs is based on the understanding that you are committed to remain in the degree program from the time of your first enrollment until completion of the course of study. Therefore, we have been requested to secure the following signed statement from each Nevada certified veterinary medicine applicant:

As a certified WICHE applicant, I am aware that if the State of Nevada undertakes payment of support fees to defray the cost of my veterinary medical education, I am, if admitted under the WICHE program, committed to pursue my studies in veterinary medicine as a supported WICHE exchange student without voluntary interruption until I have qualified for my degree.

Name (Please Print) \_\_\_\_\_

Permanent Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_