For Classes Starting (Month/Year) _____

VET TECH INSTITUTE® of Indiana

APPLICATION FOR ADMISSION

Name _____ Social Security # _____

Address _____
Street Apt. # City State Zip

Cell # _____ Home # _____

Email _____ Birth Date _____

High School _____
School City State Graduation Year

Living accommodations while attending VTI: Resident Facility☐ Home☐ Other☐ 21st Century Eligibility: Y☐ N☐

College or other Post-High School _____ Years Attended _____ to _____
if none, write "N/A"; if more than one, list on back

Parent #1 Name _____ Email _____

Cell # _____ Home # _____

Parent #2 Name _____ Email _____

Cell # _____ Home # _____

I have an interest in and an understanding of a career in veterinary technology. Please accept my application for admission to the Vet Tech Institute of Indiana.

Signature _____ Date _____ Admissions Representative _____

A $50 Application Fee must accompany this application. The fee will be refunded if the applicant is not accepted for admission.

TRANSCRIPT AUTHORIZATION

High School Name _____

Name _____ Graduation Year _____ Birth Date _____
(Print name or maiden name if applicable.)

You are hereby authorized and requested to send a copy of my transcript to the Vet Tech Institute of Indiana.

Signature _____ Date _____

Vet Tech Institute of Indiana
7205 Shadeland Station Way, Indianapolis, IN 46256
transcripts-indiana@vettechinstitute.edu
(317) 813-2300 or (800) 589-6500

VET TECH INSTITUTE® of Indiana