Summer Enrichment Program (SEP) 2020 Application

The Summer Enrichment Program (SEP) began over 25 years ago and has welcomed students from around the world. It is designed to provide disadvantaged students with activities that will enhance their veterinary school applications. The five-week intensive summer program accommodates 12-20 students and will begin June 25, 2020 (with orientation) and end July 31, 2020.

Additional details about the program can be found on our website: https://www.vetmed.ucdavis.edu/admissions/so-you-want-be-veterinarian/summer-enrichment-program

* Required

1. Email address *

2. Full name *

Application Instructions

Applications are due by Friday, March 13 at 5:00 pm (PST). All application materials, including transcripts and letters of recommendation, must be received by the application deadline.

It is recommended that you refer to the PDF application before beginning the online application as it is difficult to save and come back to the actual application. This application cannot be saved while in progress. If you are not able to complete the application in one sitting, either restart from the beginning or put an "X" in the remaining fields to be completed at a later time and hit submit so that you do not lose the responses to the questions you completed. You can then return to the application and continue filling in your responses or edit. You are able to edit or update your application until the due date, and you will not have access to your application after the due date.

Because all application materials, including transcripts and letters of recommendation, need to be in by the application deadline, we suggest starting with these two steps:

1. Order official transcripts & have them sent to:
   School of Veterinary Medicine-Dean's Office
   Summer Enrichment Program
   944 Garrod Dr.
   UC Davis
   Davis, CA, 95616
   Attn: Lena Al-Rayess

   *ELECTRONIC APPLICATIONS WILL NOT BE ACCEPTED

2. Request two letters of recommendation and have them emailed directly to the program coordinator at jarayess@ucdavis.edu. Recommenders are encouraged to include "SEP Recommendation – Your Name" in the subject line.

Eligibility

Required section. Before proceeding with the application, please verify your eligibility for the
program.

3. I certify that: *
   Check all that apply.
   
   □ I am 18 years or older
   □ I am from a disadvantaged background (including, but not limited to, educational, economic, social, or disability barriers)
   □ I have completed a minimum of one year of undergraduate biology and/or chemistry courses
   □ I have a minimum of a 3.0 GPA in all sciences and cumulative coursework
   □ I have some veterinary and/or animal-related experience
   □ I understand that all application materials, including transcripts and letters of recommendation, must also be received by the March 13 deadline or my application will not be considered.

Demographic Information
Required section.

4. Date of Birth *

__________________________________________

5. Sex *
   Mark only one oval.
   
   □ Male
   □ Female
   □ Other: ____________________________

6. Preferred pronouns *
   Mark only one oval.
   
   □ He/his
   □ She/her
   □ They/their
   □ Other: ____________________________
7. Marital Status *
   Mark only one oval.
   ☐ Single, never married
   ☐ Married
   ☐ Divorced or separated
   ☐ Widowed
   ☐ Other: __________________________

8. Ethnic background (select all that apply) *
   Check all that apply.
   ☐ American Indian or Alaska Native
   ☐ Asian
   ☐ Black or African American
   ☐ Hispanic/Latinx
   ☐ Native Hawaiian or other Pacific Islander
   ☐ White/Caucasian
   ☐ Other: __________________________

9. Are you a first generation college student? *
   Mark only one oval.
   ☐ Yes
   ☐ No

10. Current Address (street, city, state, zip) *

   ________________________________________________
   ________________________________________________
   ________________________________________________
   ________________________________________________

11. Phone Number *

   ________________________________________________

12. Permanent Address (street, city, state, zip) *

   ________________________________________________

13. State of Legal Residency *

   ________________________________________________
14. Country of Legal Residency (for statistical purposes only; SEP is open to US and international students) *

Family Background
This information helps us get a better idea of your background and is optional.

15. Name of Father/Guardian

16. Living or deceased
   *Mark only one oval.*
   - [ ] Living
   - [ ] Deceased

17. Father/Guardian’s Address

18. Father/Guardian’s Occupation

19. Is English a second language for Father/Guardian?
   *Mark only one oval.*
   - [ ] Yes
   - [ ] No

20. Father/Guardian’s highest level of formal education
   *Mark only one oval.*
   - [ ] Graduated from elementary school
   - [ ] Graduated from high school
   - [ ] Graduated from community college
   - [ ] Graduated from a four-year college or university
   - [ ] Graduate/Professional degree

21. Name of Mother/Guardian
22. Living or deceased
   Mark only one oval.
   □ Living
   □ Deceased

23. Mother/Guardian’s Address

24. Mother/Guardian’s Occupation

25. Is English a second language for Mother/Guardian?
   Mark only one oval.
   □ Yes
   □ No

26. Mother/Guardian’s highest level of formal education
   Mark only one oval.
   □ Graduated from elementary school
   □ Graduated from high school
   □ Graduated from community college
   □ Graduated from a four-year college or university
   □ Graduate/Professional degree

27. Parents’ marital status
   Mark only one oval.
   □ Married
   □ Never married
   □ Separated
   □ Divorced
   □ Widowed

28. Is either parent a immigrant?
   Mark only one oval.
   □ Yes
   □ No
29. If yes, how long have they resided in the US?

30. How many siblings do you have? List ages.

31. Have you ever filed an application for admission to UC Davis School of Veterinary Medicine? *
   Check all that apply.
   
   - Yes
   - No

32. If yes, under what name? Please give month and year(s) of application(s) submitted

33. Have you participated in a Health Professions Summer Program? *
   Mark only one oval.
   
   - Yes
   - No

34. If yes, please give a brief description.

Education
Required section.
35. Number of years of undergraduate work completed at the time of SEP application *

36. List in chronological order all colleges attended, regardless the length of attendance. Please list college name, dates attended (month & year), major, degree conferred or expected and date conferred or expected. *

37. List in chronological order all science courses you have completed to date including any repeated courses. List the course number, grade, term, and year completed. Example: Chem 2A (B+), fall 2010. List each course on a single line. Do not include animal science courses *

Employment History
Required section. If you have not had paid employment, please write "N/A." Please list only positions for which you have been paid. Do not include unpaid internships, job shadowing, etc.

38. List employment history since high school. Include location, name of employer, type of employment, position, if full/part-time, and dates to and from. *

39. Employment History continued (if needed)
Veterinary & Animal Experience
Required section.

40. List and describe the most recent veterinary experience first. Include volunteer and/or paid positions. *

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

41. List any animal, agribusiness, health sciences, or research experience starting with the most recent first. Do not include experiences with personal pets.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Extracurricular Activities
Required section. If you have not had involvement in extracurricular activities, put "N/A."

42. List and describe any extracurricular or community activities that you are or have been involved in. *

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Barriers
Required section. Responses to the following questions are very important for your SEP application evaluation as the primary purpose of SEP is to provide opportunities for underrepresented students to strengthen their veterinary school applications.
43. Check any of the areas below that you believe have posed as barriers or obstacles to your academic and/or professional advancement *

Check all that apply.

☐ Educational
☐ Economic
☐ Social
☐ Disability
☐ Other: ________________________________

44. Please describe these barriers *

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Letters of Recommendation

Required section.

45. Evaluator #1 Name *

________________________________________________________________________

46. Evaluator #1 Address & Phone Number *

________________________________________________________________________

47. Evaluator #1 Email Address *

________________________________________________________________________

48. Evaluator #1 Occupation *

________________________________________________________________________

49. Evaluator #2 Name *

________________________________________________________________________

50. Evaluator #2 Address & Phone Number *

________________________________________________________________________

51. Evaluator #2 Email Address *

________________________________________________________________________
52. Evaluator #2 Occupation *

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Personal Statement
Required section. You've made it to the final section!

53. Please explain how your background and personal interests relate to your desire to become a veterinarian. Discuss your understanding of veterinary medicine as a profession as well as your career goals and/or professional objectives. 500 words max. *

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A copy of your responses will be emailed to the address you provided

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