

## Auburn University Registration for Professional Status



## College of Veterinary Medicine

Name:	Student ID Number:
Active Auburn e-mail address: _	
Date of Birth:	Current Phone Number:
Last Enrolled at Auburn:	Degree Conferred:
As defined by University policy, you are	classified as an: ALABAMA resident
	Non-resident
	Kentucky resident
Alabama for a period of more than 12 conse	of the State of Alabama and that I have not left the State of cutive months or more since the date of my last enrollment at f my Alabama Driver's license that is at least a year old to
· · · · · · · · · · · · · · · · · · ·	icense that is at least a year old or you were previously to prove residency, please view residency requirements on tartion/registrar/residency.html .**
	I use of students who have previously attended Auburn n to the VET MED program. ALL STUDENTS MUST E VETERINARY SCHOOL DIRECTLY.
Your signature below will confirm that y and accurate to the best of your knowled	you are stating that all information given above is true ge.
Signatura	Data