

## 2025 Colorado State University Veterinary Diagnostic Imaging Residency Application

Name:	
Email address:	
Phone number:	
Veterinary school institution:	
Veterinary school graduation year:	
Veterinary school GPA:	
Veterinary school class rank:	Out of total class size
Rotating Internship (Y/N):	
-Yes If so, location:	
-No	
Veterinary Diagnostic Imaging Internship (Y/N):	
-Yes If so, location:	
-No	
Current position:	
I would like to apply for the following:	
-Internally CSU funded residency (non-sponsored)	
-Externally funded residency (sponsored)	
-Both internal and externally funded resi	dency
External funding entity (if established):	