

Due Date: _____

VETS 200: EXTERNSHIP NOTIFICATION FORM

Section One: To be Filled out by Student

Student Name: _____

Semester Entered Program _____ Graduation Month/ Year: _____

Student Summer Address: (Circle One: Permanent Or Temporary)

_____ Home Phone: _____

_____ Summer Phone _____

COURSEWORK COMPLETED BEFORE EXTERNSHIP:

_____ VETS 120: INTRODUCTION TO VETERINARY SCIENCE

_____ VETS 130: INTRODUCTON TO ANIMAL CARE

_____ VETS 140: ANIMAL ANATOMY & PHYSIOLOGY

_____ VETS 160: INTRODUCTION TO RESEARCH ANIMAL TECHNIQUES

_____ VETS 171: PARASITOLOGY

_____ VETS 180: CLINICAL PHYSIOLOGY

***** (All of the above courses are required prior to externship) *****

STUDENT SIGNATURE

DATE

****** Students must attach a copy of the resume and cover letter that was submitted to the Externship Site. *****

Section Two: To Be Filled out By Mentor/Supervisor

Mentor/Supervisor Name: _____

Title: _____ (Dr., LVT, Manager, Other)

Facility Name: _____ Phone: _____

Address: _____

Facility Type: Small Large Mixed Research
Exotic Wildlife Other _____

Date Student is expected to start externship _____

MENTOR/SUPERVISOR SIGNATURE

DATE

Please fill out this form and return it to the course instructor prior to the student participating in his/her externship.

Mail To: Amy Baeza, LVT
SUNY Delhi
157 Farnsworth Hall
Delhi, NY 13753

Once this form is received by the instructor, a **Student Evaluation Form** will be forwarded to the Mentor/Supervisor.