

**SHORT OFF-CAMPUS SUPPLEMENTAL EXPERIENCE
PURDUE UNIVERSITY SCHOOL OF VETERINARY MEDICINE**
(To be completed by Student and Professor-of-Record)

- Check one: _____ VCS 88600 LA Surgery III (up to 3 working days allowed) Block # _____
- _____ VCS 87500 LA Medicine II (up to 3 working days allowed) Block # _____
- _____ VCS 88500 LA Medicine III (up to 3 working days allowed) Block # _____
- _____ VCS 87700 LA Lameness I (up to 3 working days allowed) Block # _____
- _____ VCS 88001 Ruminant Production Medicine II (up to 5 working days allowed) Block # _____
- _____ Other* (List Courses: _____) Block # _____
- *Short off-campus supplemental experiences that do not occur in the course descriptions will require approval by the appropriate department head and associate dean for academic affairs. Time missed from such courses will have to be made up.

Professor-of-Record: _____

Student: _____

Track of student: _____

Name and dates of proposed off-campus experience: _____

Briefly document the proposed experience:

- a. Location, length of time, and expected student responsibilities:

- b. Name and title of mentor at off-campus site:

- c. Mentor will provide performance evaluation to PVM Professor of-record: Yes No

- d. Brief description of proposed experience and how it compliments Purdue DVM curriculum:

Acceptance signatures:

Student: _____ Date: _____

Professor of Record: _____ Date: _____

Dept. Head: _____ Date: _____

Curriculum Committee Chairperson: _____ Date: _____

Associate Dean for Academic Affairs: _____ Date: _____

Please submit this form to the Professor of Record 30 days prior to the time of the proposed off-campus experience. It will be forwarded to the Curriculum Committee for review. If approved, a copy of the completed form will be sent to the Professor of Record, the Dept. Head, and the Associate Dean for Academic Affairs. The original form will be filed in the Student Services Center.