

**EXTERNSHIP INFORMATION
PURDUE UNIVERSITY SCHOOL OF VETERINARY MEDICINE**

**THIS FORM MUST BE COMPLETED BEFORE YOU LEAVE
FOR YOUR EXTERNSHIP**

1. Student's name: _____ Date: _____

2. Externship address (where you will live while on externship)

Address: _____

Phone: _____ E-MAIL _____

3. Veterinarian supervising the externship:

Name: _____

Address: _____

Phone: _____

4. Type of practice/experience: _____

5. Blocks of externship: _____

6. Dates of externship: _____

Note: In the unusual event of an externship experience being sought at more than one site (split-externship), approval of the Associate Dean for Academic Affairs is required and the above information must be provided on each externship site.

Approval of split externship:

Associate Dean for Academic Affairs

Date

Deliver this form to the PVM Student Services Center