

1. Name:

University Address: _____ Email: _____

Telephone No. Home: _____ School: _____
2. Are you a U.S. citizen? Yes No
3. Course Number and name of proposed Purdue course or proposed activity while at Purdue:

Proposed dates of participation at Purdue:
4. Have you made contact with a PVM faculty member (not required) YES NO

If yes, name of the individual contacted
5. Will this experience be graded/evaluated YES NO observational only? YES NO
6. Attach a brief statement describing your proposed goals, expectations, and anticipated duties in the experience.
7. Attach documentation from your school/college of veterinary medicine:
 - a. Letter of approval for this experience. (This letter is normally provided by an administrative official, such as your college's Associate Dean for Academic Affairs or Director of Student Services.)
 - b. Student evaluation/grade form to be completed by the Purdue mentor and returned to your home institution (if applicable).
 - c. Proof of rabies immunization
 - d. Proof of liability insurance
 - e. Proof of personal medical insurance
8. I have read and agree to comply with the Purdue University College of Veterinary Medicine Policy on Biosecurity Precautions. <http://vet.purdue.edu/ce/files/documents/pvm-biosecurity-policy.pdf> YES NO
9. The Purdue University College of Veterinary Medicine values, nurtures, and respects all members of its community and ensures an environment of inclusive excellence where all students, faculty, and staff are inspired and empowered to achieve their full potential. I agree to support and contribute to the inclusiveness of Purdue Veterinary Medicine's work and learning environments. YES NO

Please return application and requested documents to:

pvmstudentservices@purdue.edu

Purdue University College of Veterinary Medicine
Student Services, Lynn Hall 1185
West Lafayette, IN 47907