EXTERNSHIP FORM

Tuskegee University College of Veterinary Medicine
Veterinary Clinical Program

Date: _____

Name of Senior Student: _____

Externship Date Range Requested: _____

Address of Externship: _____

_____

Phone number for Externship: _____

Name of Primary Supervisor (must be a DVM): _____

Email Address of Primary Supervisor: _____

Expected duties and opportunities for the student (to be completed by externship provider): _____

_____

_____

Signatures are Required

Signature and Date: _____

Submit requests to Dr. David McKenzie at dmckenzie@tuskegee.edu

DO NOT WRITE BELOW THIS LINE

Dr. David McKenzie, Associate Dean for Clinical Programs: ( ) Approved ( ) Not Approved

Reason for Action: _____

Signature of Associate Dean for Clinical Programs: _____ Date: _____