

EXTERNSHIP REQUEST FORM

This form is for 3rd /4th year students to request externship enrollment during the Phase III portion of their curriculum. Any other externship enrollment requests should be sent directly to Dot McColskey (mccolskeyd@ufl.edu).

By signing this document, you are acknowledging that you have read and understand the policies of the CVM regarding approved externships and being awarded externship credit. Externship policies for UF CVM can be found here: <http://education.vetmed.ufl.edu/dvm-curriculum/externships/>

Student Name: _____

UFID: _____

Approved Externship Location(s):

City / State

1. _____
2. _____
3. _____

*These locations MUST be found in the Externship Database. If they are not yet approved, follow the steps as instructed on the externship website; : <http://education.vetmed.ufl.edu/dvm-curriculum/externships/>

Dates you will attend Externship & Credits to be Awarded

1. _____
2. _____
3. _____

*2 week externship = 2 credits *4 week externship = 4 credits

*Any other amount of time will be awarded either 2 or 4 credits (i.e. 3 weeks = 2 credits; 5 weeks = 4 credits).

If there are any changes to location, duration or dates of the externship, you must notify Dot as soon as possible so your record may be updated.

*By signing this document, you understand the UF CVM externship policies and that you will only receive a grade if you follow the guidelines as laid out in the Student Hand book and on the website. Email this completed document to Dot McColskey so it can be added to your schedule!

Signature _____

Date: _____