



UNIVERSITY OF  
SASKATCHEWAN

# Western College of Veterinary Medicine

## WCVM Externship Application

### Cover Page

Student Name \_\_\_\_\_

Student NSID \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

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Type of Externship \_\_\_\_\_

Dates of Externship \_\_\_\_\_

Weeks of Externship \_\_\_\_\_

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Practice or Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street, City, Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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Faculty Advisor \_\_\_\_\_

Department \_\_\_\_\_