



UNIVERSITY OF
SASKATCHEWAN

Western College of Veterinary Medicine

WCVM Externship Application

Cover Page

Student Name _____

Student NSID _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Type of Externship _____

Dates of Externship _____

Weeks of Externship _____

Practice or Company Name _____

Contact Person _____

Mailing Address _____

Street, City, Postal Code _____

Phone Number _____

Fax Number _____

E-Mail Address _____

Faculty Advisor _____

Department _____