



UNIVERSITY OF
SASKATCHEWAN

Western College of Veterinary Medicine

Externship Application Faculty Support Form

Name of Student: _____

Name of Advising Faculty: _____

Type of External Experience: _____

Proposed Location: _____

	YES	NO
Has the student discussed the <u>specific</u> objectives of the externship with you?		
Do the objectives seem reasonable and achievable?		
Does the proposed location of the externship seem appropriate?		
Do you support this application?		

Comments:

Signed: _____

Date: _____