



**UNIVERSITY OF
SASKATCHEWAN**

Western College of Veterinary Medicine

Externship Application Objectives and Location Proposal Form

Name: _____

Type of External Experience: _____

Reasons for Undertaking Externship:

Desired Objectives to be achieved during Externship:

Proposed Timing of Externship:

Proposed Location:

Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____