



UNIVERSITY OF SASKATCHEWAN

# Western College of Veterinary Medicine

## Externship Supervisor Agreement Form

Externship Applicant: \_\_\_\_\_

Proposed Dates: \_\_\_\_\_

Location: \_\_\_\_\_

**Note:**

1. As part of the externship application, students are required to submit an ‘Objectives and Location Proposal Form’ for you to review.
2. Students are required to keep a case/activity log during their externship experience.
3. A ‘Grade Report Form’ will be forwarded to you via email prior to the student’s arrival.

**As the externship supervisor, I agree:**

\_\_\_\_\_ I have reviewed the accompanying Externship Application – ‘Objectives and Location Proposal Form.’

\_\_\_\_\_ To provide a structured learning experience for the above named student.

\_\_\_\_\_ To review and verify the case/activity log prior to the student’s departure.

\_\_\_\_\_ To complete the ‘Grade Report Form’ and return it within two weeks of the completion of the externship.

The proposed dates submitted are acceptable: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Comments:

Supervisor: \_\_\_\_\_

(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form to WCVm Student Service, Fax: (306) 966-8747  
or e-mail amanda.doherty@usask.ca*