



Externship Application Faculty Support Form

Name of Student: _____ **Proposed Dates:** _____

Name of Advising Faculty: _____

Type of External Experience: _____

Proposed Location: _____

	YES	NO
Has the student discussed the specific objectives of the externship with you?		
Do the objectives seem reasonable and achievable?		
Does the proposed location of the externship seem appropriate?		
Does the supervisor have five years of experience in this area of veterinary medicine?		
Do you support this application?		

What process did you engage in to verify the potential supervisor’s experience?
Comments:

Faculty Name (Print): _____

Signature: _____ **Date:** _____

Please return this form to WCVM Student Service at wcvm.curriculum@usask.ca