



UNIVERSITY OF SASKATCHEWAN

Western College of Veterinary Medicine

WCVM.USASK.CA

WCVM 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: _____