



UNIVERSITY OF SASKATCHEWAN

# Western College of Veterinary Medicine

WCVM.USASK.CA

## WCVM Externship Application Cover Page

Student Name \_\_\_\_\_ Student NSID \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Type of Externship \_\_\_\_\_

Dates of Externship \_\_\_\_\_

Weeks of Externship \_\_\_\_\_

Practice or Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street, City, Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Faculty Advisor \_\_\_\_\_

Department \_\_\_\_\_