

## EXTERNSHIP REQUEST FORM

3<sup>rd</sup> & 4<sup>th</sup> year students may request externship enrollment during the Phase III portion of their curriculum. Any question on the externship process or enrollment requests should be sent directly to Dot McColskey ([mccolskeyd@ufl.edu](mailto:mccolskeyd@ufl.edu)).

**By signing this document, you are acknowledging that you have read and understand the policies of the CVM regarding approved externships and being awarded externship credit. Further, you acknowledge that if you do not submit this form *before leaving* for your externship, you will **NOT** receive academic credit. You must also enroll yourself for credit in One.UF to receive credit. Externship policies for UF CVM can be found here: <http://education.vetmed.ufl.edu/dvm-curriculum/externships/>**

Student Name: \_\_\_\_\_

UFID: \_\_\_\_\_

Approved Externship Location:

City / State

1. \_\_\_\_\_

\*This locations MUST be found in the Externship Database. If they are not yet approved, follow the steps as instructed on the externship website : <http://education.vetmed.ufl.edu/dvm-curriculum/externships/>

Supervising Veterinarian:

Phone number:

2. \_\_\_\_\_

Dates you will attend Externship & Credits to be awarded (2 or 4)

3. \_\_\_\_\_

\*2 week externship = 2 credits      \*4 week externship = 4 credits

\*Any other amount of time will be awarded either 2 or 4 credits (i.e. 3 weeks = 2 credits; 5 weeks = 4 credits).

Check if requesting an international externship **and** provide additional page with comments regarding your request (i.e. Do you speak the native language? How does it align with your career goals?)

Is this your 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> Externship: \_\_\_\_\_

If there are any changes to location, duration or dates of the externship, you must notify Dot as soon as possible so your record can be updated.

Signature \_\_\_\_\_

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