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EXTERNSHIP APPLICATION FORM

GENERAL INFORMATION

Name: _____

Telephone: _____ Email: _____

Country: _____

ACADEMIC INFORMATION

College/University: _____

Year in Vet School : _____ Expected Graduation Date/Year: _____

EXPERIENCE

Please describe your experience with food animals:

STUDENT OBJECTIVES

List the top three things you would like to learn during your externship.

EXTERNSHIP DATES

List the dates and duration of your externship. Please note, Azores Veterinary Practice has a 1-month max for externships. First come first serve basis.

OTHER REQUIREMENTS

1. Submit a letter of recommendation from one of your food animal professors along with this application form and email to all three: drlepiz@azoresvet.com drtadic@azoresvet.com drfavarov@azoresvet.com
2. It is entirely the applicants responsibility to apply for, and receive a tourist VISA for immigration requirements to be able to enter the United States for the externship. (Varies by country)