azoresvet.com
drtadic@azorsvet.com drfavaro@azorsvet.com

EXTERNSHIP APPLICATION FORM

GENERAL INFORMATION

Name: _____

Telephone: _____ Email: _____

Country: _____

ACEDEMIC 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 these emails: drtadic@azoresvet.com drfavaro@azoresvet.com
2. It is entirely the applicant's 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)