EXTERNAL ELECTIVE APPLICATION/APPROVAL FORM

STUDENT NAME ____________________________________________________________

Return to: Nancy A. Horniak E-mail: nancy.horniak@tufts.edu
Asst Dir for Clin Sched/Plcmnt
Tufts University
Cummings School of Veterinary Medicine
200 Westboro Road Fax: 508-887-4820
North Grafton, MA 01536 Phone: 508-887-4772

1. Name of external elective site: ____________________________________________________
____________________________________________________________________________
Contact person at site: ___________________________________________________________
Address: ______________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Phone: ___________________________________ \ 
Fax: ___________________________________ E-mail: _________________________

2. Please thoroughly describe the elective experience, responsibility our students will experience, as well as species they will work with and optimal length of elective:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. Names, specialty and other qualifications of clinical veterinarians, scientists or other professionals involved in the training aspect of the elective/
___________________________________________________________________________________________

4. Have you had veterinary students at your site before? ____________________
If yes, when? ____________________ From what school/college? _________________________________

5. Elaborate on any aspect of your environment that might be of special interest to students:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Requirements: Resume ________ Transcript ________
Will provide: Housing ________ Laundry ________ Meals ________ Stipend ________
Other: ______________________________________________________________________

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