

EXTERN/STUDENT VISITOR APPLICATION

Applicant Name: _____ Date of Application: _____

Current Address: _____

City, State, ZIP, Country: _____

Phone Number(s): _____ Email Address: _____

Veterinary College: _____ Year of Study: _____

By the time of your visit to CUVS, will you have started the clinical rotation portion of your curriculum? Yes No

SPECIALTY ROTATIONS:

Note: Each rotation in a specialty service is a minimum of 1 week and a maximum of 2 weeks (although longer rotations are possible if we have availability).

Please indicate your desired rotation, in order of preference (1 being highest preference):

- Emergency – Critical Care Internal Medicine Surgery
 Oncology Ophthalmology Dentistry, Oral & Maxillofacial Surgery
 Diagnostic Imaging Cardiology [NA at this time]

Desired length of externship/visit: _____ weeks.

- Preferred dates: 1. _____
2. _____
3. _____

OTHER INFORMATION:

Will you be applying for academic credit from your institution? Yes No

Will you require on-site housing at CUVS? Yes No

Housing is private bedroom, shared shower and kitchenette; linens and WiFi provided. Accommodation is \$15/night for non-Cornell students.

NOTE: There is an additional \$100/week fee for foreign university externs, Students and visitors for the externship program.

Any special needs or requirements? Yes No

If yes, please specify: _____

What do you hope to gain from this experience?

Please attach proof of current AVMA/PLIT Student Liability Insurance along with your CV, and forward together with this application to: academic@cuvs.org or Cornell University Veterinary Specialists, ATTN: Mary Leverich, 880 Canal Street, Stamford, CT 06902.

Thank you for your interest in CUVS.

