



## **Externship Application Form**

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

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

---

University in Attendance: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Which program do you wish to attend? (2 or 4 weeks): \_\_\_\_\_

Applicable date(s) for Externship Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If possible, please provide multiple dates of availability as we reserve only one extern per 2/4 week program in order to give each student our full, undivided attention.

---

Specific areas of interest (i.e. shelter medicine/surgery/outpatients services):

---

**\*PLEASE ATTACH A COPY OF YOUR CV/RESUME TO THIS FORM\***

Attention – E-mail: [Joshw@animalleague.org](mailto:Joshw@animalleague.org) , Fax: (516) 767-3942, Attn: Joshua Weiner