



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: marinat@animalleague.org , Fax: (516) 767-3942, Attn: Dr. Marina Tejada