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 [NA at this time]** ☐ **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.

880 Canal Street • Stamford, CT 06902 • P 203.595.2777 • F 203.595.2778 • cuvs.org