



APPLICATION FOR INTERNSHIP

Name:		Date:	
Current Address:		Permanent Address:	
Telephone:		Best time to call:	
E-mail Address:			

Undergraduate Education:

College(s) Attended	Dates	Degree

Veterinary College:

Name of School:			
Date of Graduation:		Class Rank: (Class Size/Your Rank)	
GPA: (GPA/Out of)		Student AAEP member? (yes or no)	

Academic Honors	
Special Disciplinary Interests	
Publications, research, or other pertinent experience:	
Extra-Curricular Activities or Interests:	

Previous Employment:

Company/Practice	Dates	Supervisor/Employer	Contact Number

References: *I have requested the following 3 individuals send letters of recommendation. (Two must be from faculty members familiar with your clinical abilities)*

Name	E-mail Address	Phone Number

Statement of Intent: *Please provide a statement describing what you expect from an internship program and your future professional goals*

In order to complete your application for an Internship at Woodside Equine Clinic, please submit the following items to Dr. Meg Hammond mhammond@woodsideequineclinic.com :

1. This completed application
2. Current resume or CV
3. Three letters of reference
4. Transcript

All applications for Internship are due no later than October 30th.

_____ I have requested the registrar to forward a copy of my transcript.
Initials

_____ If accepted for an internship, I can submit a birth certificate, proof of citizenship, or proof of my
Initials legal right to remain and work in the position(s) for which I have applied.