



**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 head technician Sara Adcock, LVT [sadcock@woodsideequineclinic.com](mailto:sadcock@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 30<sup>th</sup>.**

\_\_\_\_\_ 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.