

# 4<sup>th</sup> YEAR ELECTIVES PROPOSAL FORM

**Due in OAA  
3 weeks prior to  
first externship/  
preceptorship/  
directed study**

**NAME OF STUDENT:** \_\_\_\_\_

**WILL YOU BE OUT OF THE COUNTRY DURING 4TH YEAR FOR AN EDUCATIONAL ACTIVITY? YES/NO**

*If so, please contact Amy Mikla in OAA well before your planned travel.*

**DATE OF PROPOSAL** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NUMBER OF WEEKS**

**DATES OF PROPOSED EXTERNSHIP(S)** FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
 FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
 FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
 FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

**TOTAL WEEKS OF ALL PROPOSED EXTERNSHIPS** \_\_\_\_\_

**DATES OF PROPOSED PRECEPTORSHIP(S)** FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
 FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
 FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
 FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

**TOTAL WEEKS OF ALL PROPOSED PRECEPTORSHIPS** \_\_\_\_\_

**DATES OF PROPOSED DIRECTED STUDIES** FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
 FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

**TOTAL WEEKS OF ALL DIRECTED STUDIES** \_\_\_\_\_

List all the elective rotations (including externships, preceptorships and directed studies) you are planning to take in Year 4, including the number of weeks you will spend in each rotation.

ROTATION	TOTAL WEEKS

You must consult with 2 School of Veterinary Medicine faculty persons (your advisor and another faculty) about your externship/preceptorship proposal for advice about the planning and development of your year 4 curriculum.

The faculty members with whom you consulted should sign below when they have approved your externships/preceptorships/directed studies.

\_\_\_\_\_  
**Faculty Advisor (print name)**

\_\_\_\_\_  
**Faculty Member in Related Field (print name)**

\_\_\_\_\_  
**Faculty Advisor (signature)**

\_\_\_\_\_  
**Faculty Member in Related Field (signature)**

**PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER:**

- 1. Describe your curriculum planning strategy for your 4<sup>th</sup> year, including your career goals, how the rotations you intend to take meet those goals, and the relevance of your proposed externship(s)/preceptorship(s)/directed studies with regard to your career planning strategy.**
- 2. If you are planning more than 8 weeks of externships or more than 4 weeks of preceptorships, comment more specifically on why you feel you need the extended time. (This must be approved by Associate Dean Olsen).**
- 3. You will be expected to reach an agreement with each externship provider regarding the details of the externship(s). You may attach a copy of the agreement or an outline of the basis for the agreement(s).**

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Please provide the name, address, phone number and fax number for each externship/preceptorship.

#1 Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Dates \_\_\_\_\_

FACULTY PRECEPTORSHIP/DIRECTED STUDY COORDINATOR SIGNATURE \_\_\_\_\_

#2 Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Dates \_\_\_\_\_

FACULTY PRECEPTORSHIP/DIRECTED STUDY COORDINATOR SIGNATURE \_\_\_\_\_

#3 Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Dates \_\_\_\_\_

FACULTY PRECEPTORSHIP/DIRECTED STUDY COORDINATOR SIGNATURE \_\_\_\_\_

#4 Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Dates \_\_\_\_\_

FACULTY PRECEPTORSHIP/DIRECTED STUDY COORDINATOR SIGNATURE \_\_\_\_\_

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I UNDERSTAND THAT NO CHANGES CAN BE MADE TO THE APPROVED EXTERNSHIPS /PRECEPTORSHIPS/DIRECTED STUDIES LISTED ABOVE WITHOUT PRIOR APPROVAL FROM BOTH FACULTY MEMBERS AND THAT ANY CHANGES THAT ARE MADE WITHOUT APPROVAL PRIOR TO STARTING THE EXTERNSHIP/PRECEPTORSHIP/DIRECTED STUDY WILL RESULT IN NO CREDIT FOR THE EXPERIENCE. I UNDERSTAND THAT I SHOULD CONTACT THE OFFICE OF ACADEMIC AFFAIRS IF I HAVE QUESTIONS ABOUT EXTERNSHIP/PRECEPTORSHIP/DIRECTED STUDY REGULATIONS AT ANY TIME DURING THE YEAR.

**Student Signature** \_\_\_\_\_