

Individual Funds Experience Description

This form must be turned in with an individual funds check request
if you have opted against doing a presentation at a club meeting

Name: _____ Class: _____ Today's Date: _____

Name of experience (eg. AVMA Convention, Externship with XYZ Clinic in Chicago, IL):

Date(s) of experience: _____

Please describe your experience (what did you get to see/do?):

Would you recommend this experience to other students? Would it be more beneficial at a particular stage in school (eg. After 2nd year vs. after 1st year)?

What advice would you give to other students who may be considering this experience?

Please provide any additional information here (eg. Clinic website):

Please list any contact information for the person or office responsible for setting up this experience (if applicable):

SCAVMA USE ONLY

Recording Secretary Approval _____

Date added _____