STUDENT EVALUATION OF EXTERNSHIP/PRECEPTORSHIP EXPERIENCE

1. NAME OF STUDENT ____________________________________________________________

2. TODAY’S DATE _________________________________________________________________

3. DATES OF EXTERNSHIP/PRECEPTORSHIP _______________________________________

4. TYPE OF PRACTICE/EXPERIENCE _____________________________________________

5. NAME/ADDRESS OF EXTERNSHIP/PRECEPTORSHIP SITE/MENTOR

   NAME _______________________________________________________

   ADDRESS _______________________________________________________

   _______________________________________________________

   PHONE # _______________________________________________________

6. Length of externship/preceptorship (weeks) ________________________________

7. What is your evaluation of the externship/preceptorship experience, i.e. did it meet your expectations; did the site mentor carry through with your agreement, etc.?

8. Would you recommend the externship/preceptorship to other veterinary medical students?

You are required to discuss the externship evaluation with your faculty advisors and obtain their signatures below.

_____________________________________________          __________________________________________
Assigned Faculty Advisor                                      Faculty member in related field