4th YEAR ELECTIVES PROPOSAL FORM

NAME OF STUDENT: ____________________________________________

WILL YOU BE OUT OF THE COUNTRY DURING 4TH YEAR FOR AN EDUCATIONAL ACTIVITY? YES/NO
If so, please contact Cassie Wickersham in OAA well before your planned travel.

DATE OF PROPOSAL _____/_____/____

DATES OF PROPOSED EXTERNSHIP(S)  FROM _____/_____/____ TO _____/_____/____  ________

TOTAL WEEKS OF ALL PROPOSED EXTERNSHIPS __________

DATES OF PROPOSED PRECEPTORSHIP(S)  FROM _____/_____/____ TO _____/_____/____  ________

TOTAL WEEKS OF ALL PROPOSED PRECEPTORSHIPS __________

DATES OF PROPOSED DIRECTED STUDIES  FROM _____/_____/____ TO _____/_____/____

TOTAL WEEKS OF ALL DIRECTED STUDIES ______________

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

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<th>ROTATION</th>
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You must consult with 2 School of Veterinary Medicine faculty persons (your advisor and another faculty) about your electives 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 electives proposal. (Preceptorships and directed studies also required specific faculty mentor signatures on the reverse of this form.)

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 4th 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 10 weeks of externships and preceptorships, comment more specifically on why you feel you need the extended time. (This must be approved by Associate Dean Maki for other areas of emphasis students, and by the Curriculum Committee for students in the remaining areas of emphasis.

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).

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

#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

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 ____________________________________________

OAA/JPD/ExternshipProposal.doc