



האוניברסיטה העברית בירושלים  
THE HEBREW UNIVERSITY OF JERUSALEM

### CONSENT FORM – EXTERNSHIPS

To:  
Dr Gillian Dank  
The Koret School of Veterinary Medicine

I hereby confirm that Mr/Ms \_\_\_\_\_, a 4<sup>th</sup> year student at the Koret School of Veterinary Medicine, may participate in an externship at my school/hospital/clinic.

The externship will be in the discipline of: \_\_\_\_\_.

The externship will be held from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

I will grade his/her performance at the end of the externship.

Externship Coordinator \_\_\_\_\_

Institution/Hospital/Clinic: \_\_\_\_\_

Date: \_\_\_\_\_