



CONSENT FORM – EXTERNSHIPS

To:
Dr Gilad Segev
The Koret School of Veterinary Medicine

I hereby confirm that Mr/Ms _____, a 4th 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: _____