

STUDENT: GIVE THIS FORM TO YOUR SELECTIVE MENTOR ON THE FIRST DAY OF YOUR SELECTIVE.

Cummings School of Veterinary Medicine at Tufts University
STUDENT EVALUATION
(for completion by Selective Site)

Indicate Semester: Fall Spring Summer Academic Year:
(circle one)

Student's Name: _____ Class: V

Approved Selective Title/Site: _____

Selective Supervisor/Mentor Name: _____

Please select one of the following (for credit purposes):

- _____ 1 Credit (80 hours and satisfactory completion)
- _____ 1/2 Credit (40 hours and satisfactory completion)
- _____ 1.5 Credits (Summer Only-120 hours and satisfactory completion)
- _____ No Credit (less than 40 hours or unsatisfactory completion)

_____	_____
Date	Signature of Selective Supervisor/Mentor (Student must obtain upon completion of approved selective)

- _____ **NEW HAMPSHIRE PRACTICES:** Please initial if you are currently registered with the New Hampshire Department of Labor (DOL).

Thank you for your willingness to participate in our selectives program.

Comments:

SUPERVISORS/MENTORS
PLEASE RETURN THIS FORM TO THE STUDENT AT COMPLETION OF SELECTIVE.
(SEE BACK FOR ADDITIONAL ADMINISTRATIVE INFORMATION)

STUDENTS
RETURN THE SIGNED HARD COPY OF THIS FORM TO THE STUDENT AFFAIRS OFFICE BY:
DECEMBER 15 - FALL SELECTIVES
MAY 15 - SPRING SELECTIVES
SEPTEMBER 15 - SUMMER SELECTIVES

Below are some basic guidelines for mentors and students involved in the Pre-Clinical Selectives Program at Cummings School of Veterinary Medicine.

Students must attend, participate and act professionally in order to receive credit for any given selective experience. Students are required to complete a minimum of 3 credits of pre-clinical selectives during the first 2 1/2 years of their educational experience, attained by the end of Semester I, Year III. In the fall of Year I, students are only eligible for a 1/2 credit selective. In subsequent semesters, selectives can range from 1/2 to one full credit. Only in summer can students complete up to 1.5 credits. This form should be given to the selective mentor by the student on the first day of a selective experience. Students are required to ask mentors to fill out the front of this form and return it to them at the end of the selective. Students may drop a selective without incurring a failing grade, anytime during a given semester in the event of an approved medical circumstance. Otherwise, drop/add or decrease credit (1 to 1/2) options are available during the first four weeks after initiating a selective, provided the student receives approval from the Associate Dean for Academic Affairs (Dr. Nicholas Frank), if the student demonstrates academic hardship.

At Cummings School of Veterinary Medicine, every Tuesday afternoon is set aside each semester to devote to this professional or personal development endeavor. This Pre-Clinical Selectives program was established to provide students with an opportunity to personalize their educational process. An intent is to foster networking and the development of clinical, discipline-based (e.g., Wildlife, International Veterinary Medicine, etc.), research or other skills and experiences that will influence their career opportunities. As well, a goal is to promote development of personal attitudes/behaviors that reflect those desirable in members of the veterinary profession.

Mentors for the pre-clinical selectives program are required to submit a credit designation for satisfactory or unsatisfactory participation (selectives are semester-based). Students should be integrated into the daily activities of the selected discipline, clinical research or service-based experience - hopefully, providing meaningful contributions while learning. Whenever possible, students and mentors have the option to renew their selective experience for subsequent semesters, if desired, and if it is deemed fair to other students seeking similar experiences, e.g., certain wildlife options may be limited to one semester or one year opportunities. In general, no compensation is to be offered to students and no funds are available to support the students' participation (e.g. no funds are available to support research lab expenses).

Please contact Karen Reagan, 508-887-4294 (x84294 on campus) with any questions or problems.

MENTOR/SUPERVISOR PLEASE NOTE: If you would like to update the information regarding your Pre-Clinical Selective offering, please contact Karen Reagan to request a Pre-Clinical Selective Add/Change form.

- **New Hampshire State Requirement:** The state of New Hampshire mandates all practices participating in "Job Shadow" or "Mentor Programs" for school credit must be pre-approved and listed with the New Hampshire Department of Labor (DOL). Please direct all questions to 603-271-3176.