Pre-Clinical Selective Add/Change Form
For Mentor/Supervisors

Student Name: ______________________________________________________

Please Return to: Nancy A. Horniak
Assistant Director of Clinical Scheduling/Placement
Cummings School of Veterinary Medicine at Tufts University
200 Westboro Road
North Grafton, MA 01536

Phone: 508-887-4772
Fax: 508-887-4820

Pre-Clinical Selective Title: ______________________________________________
_______________________________________________________________________
_______________________________________________________________________

Contact person at site: ____________________________________________________

Address : __________________________________________________________________

Phone: ______________________ Fax: __________________  Email: ________________

Special and type of experience to be encountered (e.g., lab animals, wildlife, small animals) if appropriate:
___________________________________________________________________________
___________________________________________________________________________

Names, specialties and other qualifications of clinical veterinarians, scientists or other professionals involved in the training aspect of the rotation:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Have you had veterinary students at your site before? _________ If yes, when?_________

From which veterinary school/college? _________________________________________

Elaborate on any aspect of your environment that might be of special interest to students:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Requirements (if any): ______________________________________________________