

**Pre-Clinical Selective
Self-style Form
For Mentor/Supervisors**

Student Name: _____

Please Return to: Karen Reagan
Administration Building
Cummings School of Veterinary Medicine at Tufts University
200 Westboro Road
North Grafton, MA 01536

Phone: 508-887-4294 Fax: 508-887-4820

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): _____

