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):________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________