

## Graduate Veterinary Technician Internship Application

Name \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

\_\_\_\_\_ Other phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Special Disciplinary Interest \_\_\_\_\_

**Pre and/or Post Veterinary Technician Program Education:**

College	Dates Attended	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____

Veterinary Technician Program \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_ GPA \_\_\_\_\_

Academic Honors \_\_\_\_\_

**Previous Employment:**

Employer	Address	Supervisor	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**References:** I have requested that the 2 following educational or veterinary professionals send letters of recommendation:

Name	Address
_____	_____
_____	_____

Extra-curricular activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Memberships: \_\_\_\_\_  
\_\_\_\_\_

Publications, research or other pertinent experience: \_\_\_\_\_  
\_\_\_\_\_

A statement describing what I expect from an internship program and my future professional goals is attached to this application.

I have requested the registrar to forward a copy of my transcript.

If accepted for an internship I can submit a birth certificate and proof of citizenship.

Signed \_\_\_\_\_

Please mail, fax or email the completed application to:  
Jessica Birdwell, MSMHR, BA, LVMT, VTS (Anesthesia and Analgesia)  
University of Tennessee College of Veterinary Medicine  
Dept. SACS  
C247 Veterinary Medical Center  
Knoxville, TN 37996  
Tel: (865) 974-8387 Fax: (865) 974-5554 jkonzer@utk.edu