

2023-24 Graduate Veterinary Technician Internship Application

Name _____ Social Security # _____

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, 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

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vetmed.tennessee.edu/vmc