

Opportunity Block Application Form

*****Must be completed and submitted with all required documentation attached at least four weeks in advance of opportunity start date in order to be considered for credit*****

Section 1: Fill out all information requested

Name: _____ Class of: _____ Student ID #: _____

Name of Host Facility: _____ Supervisor: _____

Facility Street Address: _____ City: _____ State: _____ ZipCode: _____

Facility Telephone Number (____)-____-____ Fax Number: (____)-____-____

Host Email Address: _____ Web Address: _____

Attendance Dates: (Must attach documentation/confirmation) _____ Block: _____

Credits Requested: please circle 2 3 4 5 6

Please note: 1 credit is awarded for each week (7 days) of experience and no individual experience can be less than 2 weeks (14 days) in length.

*****Students are highly recommended to obtain the AVMA PLIT Liability Insurance for each Opportunity Block they participate in, as they are not covered by Cornell's insurance while on an Opportunity Block. Applications are available in the Office of Student & Academic Services or online at www.avmaplit.com.*****

Section 2: Required Documentation

You must attach supporting documentation to your Opportunity Block request form. To find out what documentation is required, search for the host facility on the Opportunity Block database located at students.vet.cornell.edu – Student Services – Registrar.

If the Host is listed as an OPPORTUNITY BLOCK:

Attach written confirmation of acceptance dates from host (a printed email from the host is acceptable).

If the Host is listed as a PROVISIONAL OPPORTUNITY BLOCK:

Attach written confirmation of acceptance dates from host (a printed email from the host is acceptable).

Attach a brief paragraph describing the educational experience you will gain at the host institution that is not available to you at Cornell.

If the Host is listed as an EXTERNSHIP or not listed at all: Type of practice(Small, Large, production, etc.): _____

Attach written confirmation of acceptance dates from host (a printed email from the host is acceptable).

Attach a brief paragraph describing the educational experience you will gain at the host institution that is not available to you at Cornell.

Attach a detailed synopsis from the host practice. (*The synopsis must be detailed in order to be considered for approval*).

For Office Use Only: _____

Term: _____

Section 3: After approval

Once approved, you will receive a confirmation letter via email. An email will also be sent to your host institution with an evaluation for your supervisor to complete and return to our office.

You are required to fill out your student evaluation online:
<http://students.vet.cornell.edu/students/internexten/evaluation.asp>

We must receive both your student evaluation and the host institution evaluation no later than TWO WEEKS after your experience in order to receive credit.

You are responsible for reminding your supervisor to submit the completed host institution evaluation to the address on the form as soon as possible after you complete your experience.

If you or your host have any questions or concerns, please contact our office immediately at (607) 253-3766.

****** You must submit completed form with all of the necessary documentation attached at least four weeks prior to the start date of your experience in order to receive credit******

Eligibility:

Students may apply for Opportunity Block credit during free blocks in their clinic schedules. Early opportunities are available during the December break of your third-year.

Opportunity Blocks done during C/D distribution in your fourth-year will not count towards clinical requirements.

Students can only receive credit for unpaid experiences. If students receive compensation for their experience, they cannot receive academic credit.

******Opportunity Blocks count toward your 6-credit Set VI Distribution (Elective) Rotation requirement. They do not count toward your 33-credit Distribution Course Work requirement.******

OFFICE USE ONLY

Approved: Y or N Initial/Date: _____

Grade: S or U Initial/Date: _____