

**AAEP Avenues  
Intern Application**

The following application must be accompanied by an official transcript from your veterinary college and a letter of intent describing your interest in an internship and future goals.

**Full Name (First, Middle, Last):**

**Present:**

Address:

City:

State:

Zip:

Phone:

E-Mail:

**Permanent:**

Address:

City:

State:

Zip:

Phone:

**PreVeterinary Medical Education:**

College(s) Attended:

Dates:

Degree:

**Veterinary College Attended:**

Date of Graduation:

Class Rank:

GPA:

Are/were you a national AAEP student member?

Academic Honors:

Special Disciplinary Interests:

**Previous Employment:**

Company/Practice:

Dates:

Supervisor/Employer

and Phone number:

References: *I have requested that the following three individuals send letters of recommendation (Two must be from faculty members familiar with your clinical abilities).*

Name:

Address:

Extra-Curricular Activities and Interests:

Publications, Research or Other Pertinent Experience:

Please attach a statement describing what you expect from an internship program and your professional goals to this application:

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

If accepted for an internship, I can submit a birth certificate, proof of citizenship, or proof of my legal right to remain and work in the position(s) for which I have applied.

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Signature