



EXTERNSHIP INFORMATION:

Student Name: _____

Start Date: _____ End date: _____ Total weeks: _____

Rotation: _____

LOCATION OF EXTERNSHIP:

Institution Name: _____

Address: _____

EXTERNSHIP CONTACT INFORMATION:

Evaluation Contact Person: _____

Telephone: _____

Fax#: _____

e-mail: _____

**Grade sheets are sent to the evaluation contact person specified above. If the evaluation contact person should change please notify Ashley Johnson with the updated contact information.*

EMERGENCY CONTACT INFORMATION:

Student's Cell#: _____

Student's e-mail: _____

Emergency Contact: _____

Emergency Contact #: _____

IMPORTANT NOTICE:

**Be sure to provide us with all the above information prior to leaving on your externship.
Make sure that WE HAVE a copy of your acceptance letter for credit.**

**Thank you
Office of Student Affairs
Tel: (305) 243-5821 / Fax: (305) 243-8389**