AO Research Institute Davos Veterinary Externship application

Personal information

Surname:

First name:

Date of birth:

Nationality:

Gender:  Female  Male

Complete correspondence address:

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|  |

Telephone number:

E-mail:

Name and address of university:

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|  |

Current study year:       Study year at time of externship:

Languages spoken:  English German  Others:

**Checklist**

CV enclosed:  yes

Copy of veterinary school transcripts enclosed:  yes

Optional: letters of recommendation   
enclosed/requested:  yes  no

**Please indicate possible externship date(s) (blocks of eight to 12 weeks):**

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**Motivation for externship at the AO Research Institute Davos:**

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**Additional remarks:**

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After confirmation of the externship by the AO Research Institute Davos the registration is binding. A separate contract is to be signed prior to commencement of the externship.

|  |  |
| --- | --- |
| Signature |  |
| Applicant: | Place and date: |

Please mail or e-mail this form and all documents to:

Monika Schneider

AO Research Institute Davos

Clavadelerstrasse 8

7270 Davos, Switzerland

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