

# Application for Externship in Veterinary Pathology and Laboratory Animal Medicine

## Personal Information:

**First Name:**  
**Middle Name:**  
**Last Name:**  
**Social Security Number:**        -        -        or N/A:   
**Street Address:**  
**City:**        **State:**        **Zip Code:**        **Country:**  
**Home Telephone Number:**        -        -  
**Electronic Mail Address:**  
**Facsimile:**        -        -

## Academic Information:

**College/School of Veterinary Medicine:**  
**Year in Professional Program:**  
**Grade Point Average:**  
**Class Rank (ie. 6/72):**        /  
**Desired Length of Externship (ie 3 or 4 weeks):**  
**Dates of Availability (ie Jan 1-Nov 30):**

Are you eligible to work in the United States? Yes  No

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes  No

If Yes, please explain \_\_\_\_\_

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if selected for the externship, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of the externship. I authorize you to verify any and all information proved above.

I acknowledge that awarding the externship may be conditional upon successful completion of a substance abuse screening test as part of the Company's externship policy. (Please print and sign this form.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Send completed application packet to:

Externship in Veterinary Pathology and Laboratory Animal Medicine  
 c/o K. K. Newport  
 Lilly Research Laboratories  
 P.O. Box 708 Drop Code GL 44  
 Greenfield, IN 46140

## Application process check-list

Curriculum vita enclosed? Yes  No   
 Arranged for University transcript to be sent? Yes  No   
 Personal letter of intent enclosed? Yes  No   
 Arranged for reference from academic advisor? Yes  No   
 Arranged for personal reference? Yes  No

*Questions or Problems with Your Form? Call 317-277-4002, 8:30 am – 5:00 pm Monday-Friday.*