



2019 SUMMER STUDENT MENTORSHIP PROGRAM APPLICATION

For WCVM students in first or second year of study
admitted as Saskatchewan residents

Name _____ WCVM class of _____

E-mail address _____ Phone _____

Address _____

High school attended _____

Colleges or universities attended _____

Reason for applying for a mentorship _____

List practices or other livestock industry facilities where you have worked or volunteered _____

Name of practice that has offered to mentor you summer 2019 _____

Name of supervising veterinarian _____

Other comments _____

Signature _____ Date _____

Return completed forms to the SVMA office by mail, email or fax:
202-224 Pacific Avenue · Saskatoon · SK · S7K 1N9 F | 306.975.0623 E | sgauthier@svma.sk.ca

For details, visit www.svma.sk.ca / Programs & Services / Mentorship Program