

College of Veterinary Medicine – VM4 Students

Please provide receipts for expenses reported below that exceed the standard cost of attendance for your approved for-credit preceptorship. A separate form should be used for each preceptorship unless expenses (such as round-trip travel and lodging) are difficult to separate.

Student Information

Last Name First Name MI University ID

Preceptorship Information

Location

Address Phone Number

City State Zip

Date of Preceptorship: From (mm/dd/yy) To (mm/dd/yy)

Course Enrolled in: Number of Credits:

Driving Miles (# of miles)

Additional Living Charges (hotel, rent, etc.) \$

Airfare (round-trip cost) \$

Car Rental \$

Other Expenses (please specify):

\$

Outside Support Received (stipend, room and board paid for) \$

I certify that the amounts listed above are costs associated with this preceptorship. I also understand that adjustments for preceptorships will only be available to students receiving academic credit for the specified preceptorship.

Student's Signature Date

Please submit completed form to: Mindy Schminke, Student Services Specialist, 227 OB Vet Med

Preceptorship Approved By:

Mindy Schminke, College of Veterinary Medicine

For OSFA Use Only:
Approved \$
Not Approved

