VMC 991-012 Professional Meeting Selective (1 credit)

Application

Note: This form must be completed and submitted to the Academic Affairs Office at least 10 days before the meeting begins. Please see Professional Meeting Guidelines http://www.cvm.ncsu.edu/dvm/pmg.html) for students and faculty sponsor responsibilities.

Meeting Name: _____

Meeting Location: _____

Meeting Dates: _____

- ☐ **I verify that I will attend sessions equating to at least 28 hours of continuing education credit and will submit names and times of sessions attended (this can be a marked program).**
- ☐ **I verify that that I will not miss any scheduled DVM course to attend this meeting.**
- ☐ **I will submit all materials needed for grading to my sponsor within 3 weeks after the end of the meeting, or sooner if specified by the Office of Academic Affairs to accommodate grade deadlines.**
- ☐ **My faculty sponsor agrees to review my materials and notify the Office of Academic Affairs of my grade within 2 weeks of submission.**

_____	_____	_____
Student Name	Signature	Date
_____	_____	_____
Faculty Sponsor	Signature	Date
_____	_____	_____
Dean of Academic Affairs	Signature	Date