



American Association of Small Ruminant Practitioners

"Become a part of a group with a common goal:
to elevate the standards of small ruminant medicine"

Student Representative Application

Veterinary College: _____

Projected Graduation Year: _____

Name: _____

Address: _____

City/State/Zip Code: _____

Country: _____

Phone: _____

E-mail: _____

Please attach the following: 1) A letter/statement of interest describing why you would like to serve as the AASRP student representative at your veterinary college, please limit to one page; and 2) A recent digital photo of yourself.

Student: By signing below, I signify that I have read the AASRP Student Representative Guidelines and agree to serve AASRP and my student body in this capacity.

Student Signature: _____ Date: _____

College Liaison Signature: _____ Date: _____

Students: Submit application to your AASRP College Liaison (or aasrp@aasrp.org, if no Liaison)

College Liaisons: Submit application to aasrp@aasrp.org

