**Visiting International Scholar/Student Schedule**

 **(To be filled out by Clinical Departments)**

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| **Student Name** |  | ***Sponsoring Faculty*** |  |
| ***Phone*** |  |
| ***Email*** |  |

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| --- | --- | --- | --- | --- | --- |
| ***VSCS Host & Phone Number*** | Dr. Mauricio Loria Lépiz845-9053mlepiz@cvm.tamu.edu | ***VLCS Host & Phone Number*** | Dr. Allen Roussel845-9053aroussel@cvm.tamu.edu | ***Necropsy Host & Phone Number*** | Dr. Gwen Levine845-9053glevine@cvm.tamu.edu |
| ***VSCS Coordinator******Phone & Email*** | Elaine Lippard845-0341elippard@cvm.tamu.edu | ***VLCS Coordinator******Phone & Email*** | Laura Beach845-9160lbeach@cvm.tamu.edu | ***Necropsy Coordinator******Phone &******Email*** | Sharon Dickerson845-4654sdickerson@cvm.tamu.edu |

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| ***Rotation Date*** |  | ***Clinical Rotation*** |  | ***Host Clinician*** |  |
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