**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 Lépiz  845-9053  [mlepiz@cvm.tamu.edu](mailto:mlepiz@cvm.tamu.edu) | ***VLCS Host & Phone Number*** | Dr. Allen Roussel  845-9053  [aroussel@cvm.tamu.edu](mailto:aroussel@cvm.tamu.edu) | ***Necropsy Host & Phone Number*** | Dr. Gwen Levine  845-9053  [glevine@cvm.tamu.edu](mailto:glevine@cvm.tamu.edu) |
| ***VSCS Coordinator***  ***Phone & Email*** | Elaine Lippard  845-0341  [elippard@cvm.tamu.edu](mailto:elippard@cvm.tamu.edu) | ***VLCS Coordinator***  ***Phone & Email*** | Laura Beach  845-9160  [lbeach@cvm.tamu.edu](mailto:lbeach@cvm.tamu.edu) | ***Necropsy Coordinator***  ***Phone &***  ***Email*** | Sharon Dickerson  845-4654  [sdickerson@cvm.tamu.edu](mailto:sdickerson@cvm.tamu.edu) |

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