

**Certificate in International Veterinary Medicine Registration/Enrollment Form
College of Veterinary Medicine, University of Georgia**

Name: _____ Class of _____ Email: _____

By signing below, you're indicating your interest in participating in the College of Veterinary Medicine's Certificate Program in International Veterinary Medicine. The certificate will be presented to candidates who successfully complete the program when the DVM degree is conferred. Questions and concerns regarding the certificate or the requirements should be directed to Veronica Pennington (vpennington@uga.edu or 2-9386).

Academic requirements for certificate:

| REQUIREMENTS | DATE COMPLETED |
|--|-----------------------|
| <p align="center">Course</p> <p align="center">International Veterinary Medicine elective, VETM 5201, Spring elective period (1 credit)</p> | |
| <p align="center">Directed project</p> <p align="center">To be arranged by student, this project must be approved by the CVM faculty advisor. Please note: it is not the advisor's responsibility to provide the content for the project to any student.</p> | |
| <p align="center">International Experience</p> <p align="center">Required 3 weeks in an international setting, can be completed at any time during the four years</p> | |
| <p align="center">Foreign Language</p> <p align="center">Student must have capacity beyond first level university course in the language of choice. Verification of the foreign language proficiency must be presented to the Program Coordinator via college transcript or by approval of the faculty advisor. If you are unable to provide proof otherwise, placement tests are given at UGA daily. For more information visit website: https://testing.uga.edu/students-customers/exam-details</p> | |

Signature: _____ Date: ____/____/____