



Department of Pathology

College of Veterinary Medicine

UNIVERSITY OF GEORGIA

Undergraduate One Health Certificate Final Plan of Study

| | Course Code | Course Name | Credits | Semester | Grade |
|---|-------------|-------------|---------|----------|-------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| | Total | | | | |

I hereby submit this plan of study as my graduation certification for completing the undergraduate certificate in one health.

Student Name: _____ UGA ID _____

Student Signature: _____ Date: _____

Certificate Coordinator: _____

Coordinator Signature: _____ Date: _____

Graduation Certification Officer: _____ Date: _____

**Please submit this form for graduation processing. The form must be turned in prior to finals of your final semester.*