



ONE HEALTH CERTIFICATE APPLICATION - SPRING 2024

Default Question Block

PERSONAL INFORMATION

Name (Last, First, Middle Initial)	<input type="text"/>
UGA ID# (81X)	<input type="text"/>
UGA Email Address	<input type="text"/>
Mobile Phone Number	<input type="text"/>

RACE/ETHNICITY

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Middle Eastern/North African
- Bi/Multiracial
- Other

GENDER

- Male
- Female
- Non-binary / third gender
- Prefer not to say

EDUCATION

College/Department	<input type="text"/>
Major	<input type="text"/>

Minor

Current overall GPA

Expected Graduation Date

Please list any One Health related courses completed or that are in progress, including the course prefix, number and grade.

What are your top five areas of interest? Please rank on a scale of 1-5 with 1 being the most interested.

Zoonotic/Infectious Disease

Non-communicable Diseases

Mental Health

Global Health Policy

Environmental Health

Human Animal Bond

Health Communication

Animal Law

Other

What is your primary area of interest?

Human Medicine

Veterinary Medicine

Conservation Medicine

Environmental Sciences

Law

Journalism

Biomedical Research

Sociology

Public Health

Other:

In 500 words or less, please explain your interest in obtaining a One Health Certificate. Include any One Health experiences you have such as internships, study abroad, travel, mission trips, etc.

By my signature below, I attest that to the best of my knowledge all of the information I have supplied in this application, or will subsequently submit, is complete and accurate and that any omission or misrepresentation will invalidate any further consideration or subsequent admission. I will be academically honest in all of my academic work and will not tolerate the academic dishonesty of others.

In place of your signature, please type your full legal name:

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