



One Health Collaborative Specialization Declaration of Commitment Form

Last Name: _____ First Name: _____
 Student ID: _____ Degree Program: _____
 Department / School: _____ Advisor: _____

The following list outlines the key aspects of the Collaborative Specialization in One Health Program (CSOH). Prior to admission to the program, both the student applicant and the advisor (if applicable) must read and acknowledge the requirements of the program (summarized below). Additional details are available in the [University of Guelph's Graduate Calendar](#).

- **Submit a letter of intent by November 1 of the first year of study.** This letter will be reviewed by the One Health Graduate Curriculum Committee and must receive a satisfactory evaluation for the student to be eligible to continue in the program. If deemed ineligible, the student will be required to submit a program transfer form and pay the accompanying fee.
- **Include at least one member of the CSOH's core faculty on the student's advisory committee.** The name of this individual must be submitted to the Graduate Program coordinator by the 20th day of the second semester of study. The list of core faculty is provided in the Graduate Calendar.
- **Complete 2 required courses - ONEH*6000: One Health Approaches to Research and ONEH*6100/6200: One Health Seminar.** This includes receiving a passing grade (>65%) on the final assignment in ONEH*6000, which is a research proposal for the student's thesis.
- **Defend a thesis that utilizes a One Health approach in the context of the student's primary area of study.** If you are enrolled in a course-based program, you must complete a major research project in which you apply a One Health approach.

Graduate Student (You may disregard the Advisor field below only if securing an advisor is not an [admission requirement](#) for your program of choice. It is your responsibility to review the admission requirements for each program you are interested in.)

I, _____, acknowledge that I have read this form and commit to the requirements of the Collaborative Specialization in One Health.

Signature

Date

Advisor

I, _____, acknowledge that I have read this form and commit to supporting my student in completing the requirements of the Collaborative Specialization in One Health.

Signature

Date