**\*\*This form is to be completed by the graduate student the semester before field work\*\***

**University of Florida**

**Master of Health Science**

**One Health Field Research Experience**

**Field Research Experience Questionnaire**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester entered MHS program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester you wish to do your field research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas of One Health interest: (e.g., zoonotic diseases, food safety, antimicrobial resistance, etc.)

Skill that you want to strengthen through your field research experience:

Site preference: (e.g., business, academic or private research, public health, environmental health or veterinary health department, federal agency, laboratory, etc.)

Long-term career goals:

Preferred Location (s): (e.g., Gainesville, Florida, national, or international):

Please return this completed form to HPNP 4160 or email your Academic Coordinator.