



Application for WGS Graduate Certificate

Name _____ Computing ID _____

Department _____ Phone _____

Year entered PhD program _____ Date PhD is expected _____

Home address _____

COURSES FOR CERTIFICATE	SEMESTER TAKEN (YEAR & Fall/Spring)	GRADE
WGS 7500 Fundamentals of Gender & Sexuality		
Elective #1:		
Elective #2:		
Elective #3:		

Advisor's Name & Department _____

WGS Advisor's Name _____

SIGNATURE

I hereby affirm that _____ has completed all requirements for the Graduate Certificate in Gender & Sexuality Studies.

Signature _____ Date _____

[attach copy of graduate transcript to this form]

Completed forms must be submitted to:

WGS Administrator, wgsuva@virginia.edu, Levering Hall, Room 104 **AND**

Graduate Registrar, gsasregistrar@virginia.edu, Carruthers Hall