



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
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WGS 7500 Fundamentals of Gender & Sexuality		
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Elective #1:		
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Elective #2:		
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Elective #3:		
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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]