



Department of Women, Gender & Sexuality

Declaration of Intent to Pursue WGS Graduate Certificate

Name _____ Computing ID _____
Department _____ Phone _____
Year entered PhD program _____ Date PhD is expected _____
Home address _____

PLANNED COURSES FOR CERTIFICATE SEMESTER TO BE TAKEN (YEAR & Fall/Spring)

WGS 7500 Fundamentals of Gender & Sexuality

Elective #1: _____

Elective #2: _____

Elective #3: _____

Home Department:

Advisor's Name _____

WGS: Advisor's Name _____

SIGNATURE

Student's 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