Emory University
Department of Women’s, Gender and Sexuality Studies

APPLICATION FOR HONORS PROGRAM

SUBMISSION DEADLINE: March 15

NAME ________________________________________________________________

STUDENT ID # ________________________________________________________

CAMPUS or LOCAL ADDRESS __________________________________________

EMAIL ______________________________________________________________

PHONE ______________________________________________________________

OTHER MAJOR or MINOR ______________________________________________

Please initial to indicate your agreement:

_____ I understand that the Department of Women’s, Gender and Sexuality Studies will solicit evaluations from
_____ WGS Faculty (both Core and Associated) about my preparedness for undertaking Honors level work. I agree
_____ to waive my right of access to these evaluations provided under the Family Educational Rights and Privacy
_____ Act.
_____ I understand that I must obtain a WGS faculty sponsor for my application if I do not have a 3.5 cumulative
_____ GPA OR if I have not taken a course with a core or associated member of the WGS faculty.
_____ I understand that if admitted to the WGS Honors Program, I must have a Thesis Advisor and Project Proposal
_____ by May 1
_____ Attached is a list of the WGS courses I have taken, including my professor’s names, the course numbers,
_____ titles, and semester taken.
_____ Attached is a copy of my writing sample (e.g., a 10-12 page research paper).

_________________________________________  ____________________________
Signature of Applicant                                      Date

Rev: 8/11