

DEPARTMENT OF WOMEN'S, GENDER, AND SEXUALITY STUDIES

CERTIFICATE PROGRAM

APPENDIX IX: CERTIFICATE COMPLETION FORM

Name _____ ID # _____

Email _____

Forwarding Email Address _____

Anticipated Graduation _____ Field of Study _____
(Semester/year)

CERTIFICATE REQUIREMENTS

I. Coursework

WGS 700 Pro Seminar _____
OR (Semester/year taken)

Designated Substitute _____
(Course title; Semester/year taken)

Three additional courses in Women's, Gender, and Sexuality Studies

(Course; semester/year taken)

(Course; semester/year taken)

(Course; semester/year taken)

II. Interdisciplinary Paper or Dissertation Chapter

Title _____

Faculty Reviewer _____ Date _____

III. WGS Events Attendance (*Four events, verified by the WGSS DGS or GPC*)

(WGSS DGS or GPC Signature)

APPENDIX IX: CERTIFICATE COMPLETION FORM (CONTINUED)

Which WGSS faculty served on your committees?

Have you taken a job? If so, where?

Have you applied for jobs in WGSS? If so, where?

APPROVAL: CERTIFICATE OF WOMEN'S, GENDER, AND SEXUALITY STUDIES

Director of Graduate Studies Signature

Date _____

EWGSS/LGS PROCESSING

EWGSS COPY _____

MAJOR DEPT. COPY _____

LGS COPY _____