

DEPARTMENT OF WOMEN'S, GENDER, AND SEXUALITY STUDIES

CERTIFICATE PROGRAM

APPENDIX VIII: STUDENT DECLARATION FORM

Name _____ ID # _____

Email _____ Phone _____

Department _____

Major Program of Study _____

Current Year in Program _____

Anticipated Semester/Year of Graduation _____

Major Advisor (*print*) _____

Advisor Signature _____ Date _____

Student Signature _____ Date _____

EWGSS/LGS PROCESSING

GPC/DGS SIGNATURE _____ DATE _____

EWGSS COPY _____

MAJOR DEPT. COPY _____

LGS COPY _____