

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*