



APPLICATION FOR A CERTIFICATE IN WOMEN'S STUDIES AND GENDER STUDIES

Name:	Date:	<u>-</u>
Student ID Number:		
Local Address:	phone:	
	e-mail:	
Permanent Address:		
Courses completed for a Concentration in WSGS (with a grade of C or better)		
Course DEPT-number	Course Title & Instructor	Semester and Year
1. WSGS 401 (required)		
2. WSGS 402 (required)		
2.		
3.		
Signature:		
Name:		
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Graduate Program Director:		
Signature:	Date:	