Institute for Women's and Gender Studies

Franklin College of Arts and Sciences

UNIVERSITY OF GEORGIA

Application for Admission to the Graduate Certificate Program

Name _____ Student ID (810#) _____

Campus Address _____ Phone _____

E-mail Address _____

Home Address _____

1. In which school or college are you currently enrolled? _____

2. Your department? _____

3. Degree sought? _____

4. Anticipated semester of graduation? _____

5. Your advisor? _____

6. Women's & Gender Studies Courses (previously taken)	Institution (if not UGA)	Semester & Year

7. Women's & Gender Studies Courses (currently enrolled)	Institution (if not UGA)	Semester & Year

8. What are your plans after you graduate?

9. What areas of women's & gender studies are of the most interest to you (e.g., body image, international issues, violence against women, theory, etc.)?

At the time of graduation, the certificate will be recorded on the student's transcript, but not on the diploma.

Student's signature _____ Date _____

Advisor's signature _____ Date _____

IWGS exit date _____

Please send a completed form via Campus Mail to:
Director of Graduate Studies/ Institute for Women's & Gender Studies / Gilbert Hall