

**-APPROVAL -
FOR A
GRADUATE CERTIFICATE IN GENDER & SEXUALITY STUDIES**

NAME _____

SS# _____ **DEPARTMENT:** _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

PHONE #: _____

TITLE OF GRADUATE CERTIFICATE PAPER: _____

COURSES: (NUMBER AND TITLE)

TERM:

1. **FEMINIST THEORY:** _____

2. **FEMINIST THEORY:** _____

3. _____

4. _____

5. _____

I CERTIFY THAT _____ **HAS MET ALL REQUIREMENTS FOR A WOMEN'S STUDIES GRADUATE CERTIFICATE.**

FACULTY ADVISOR NAME: _____ **SIGNATURE:** _____ **DATE:** _____

