

**-APPROVAL-  
FOR A  
GRADUATE CERTIFICATE IN THE STUDY OF  
WOMEN, GENDER, AND SEXUALITY**

NAME \_\_\_\_\_ SS# \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

TITLE OF GRADUATE CERTIFICATE PAPER: \_\_\_\_\_

COURSES (NUMBER AND TITLE)	TERM
1. FEMINIST THEORY: _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

I CERTIFY THAT \_\_\_\_\_ HAS MET ALL REQUIREMENTS FOR A GRADUATE CERTIFICATE IN THE STUDY OF WOMEN, GENDER, AND SEXUALITY.

FACULTY ADVISOR NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_