



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 Studies Courses (previously taken)	Institution (if not UGA)	Semester & Year
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7. Women's Studies Courses (currently enrolled)	Institution (if not UGA)	Semester & Year
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8. What are your plans after you graduate?

9. What areas of women's 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 _____

IWS exit date _____

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