



**Institute for Women's
and Gender Studies**
Franklin College of Arts and Sciences
UNIVERSITY OF GEORGIA

**Application for Admission to the
Gender and Health
Undergraduate Certificate**

Full Name _____ UGA 81x Number _____

UGA E-mail Address _____ Phone _____

Local Address _____

Permanent Address _____

Student Classification (*ex. 1st Year, 2nd Year, etc.*): _____

1. In which school or college are you currently enrolled? (*ex. Franklin College of Arts and Sciences, College of Education, etc.*)

Are you in the Honors Program? Yes No

2. What is your major or degree program? _____

Name of your advisor: _____ Advisor's Phone _____

3. Anticipated semester and year of graduation:

4. What are your career plans or other plans once you graduate?

5. Women's & Gender Studies Courses (*previously taken*):

Course Number and Name:	Semester & Year:	Instructor:	Institution (<i>if not UGA</i>):
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6. Women's & Gender Studies Courses (*currently enrolled*):

Course Number and Name:	Semester & Year:	Instructor:
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7. What areas of Gender and Health are of the most interest to you (*e.g., reproductive rights, activism, theory, underserved populations, representation in arts and culture, politics, etc.*)?

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

Student's signature _____ Date _____

Advisor's signature _____ Date _____

IWGS Exit Date _____