GRADUATE CERTIFICATE PROGRAM IN WOMEN’S STUDIES

LETTER OF APPLICATION

NAME: ________________________________________________________________

TU ID #: _____________________________________________________________

ADDRESS: ___________________________________________________________

_____________________________________________________________________

PHONE #: (day) ___________________________ (Evening) ______________________

TEMPLE E-MAIL ADDRESS: _____________________________________________

DEPARTMENT AND DEGREE PROGRAM: _________________________________

FACULTY ADVISOR: ____________________________________________________

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Describe your experiences relevant to Women’s Studies. Include research, coursework and life experience or activities pursuits:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

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I plan to meet the program requirements as follows:

1. I will take WS 8001 (Introduction to Feminist Studies):
   ______ FALL ______ SPRING ______ OTHER

2. I ______ will take ______ have taken the following two courses which will meet the requirement for work in gender studies from cooperating departments:

   Department, course number, title, semester and grade: __________________________
   _______________________________________________________________________

   Department, course number, title, semester and grade: __________________________
   _______________________________________________________________________
3. I will take Women’s Studies 9991 in the following three semester. (Need not be in sequence):
   _____ FALL    _____ SPRING
   
   I would be interested in summer sessions, if offered and would prefer _____ 1st    _____

4. My research project/dissertation/thesis will be on the following subject:

   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

   _________________________________________________________________

   Signature

   _________________________________________________________________

   Date

   (NOTE: Attach unofficial transcript for work already completed.)

Please return this form to: Women’s Studies Program, Temple University, 811 Anderson Hall (022-20,),
1114 W. Berks Street, Philadelphia, PA 19122 or fax to 215 204 9611.