

APPLICATION FORM FOR THE GRADUATE CERTIFICATE IN SEXUALITY & QUEER STUDIES

Date:	
Student Name:	
Student ID Number:	
Home Department:	
Student Email:	
Certificate Faculty Advisor:	
Faculty Advisor Email:	
Anticipated certificate completion quarter and year:	
Statement of Purpose What are your reasons for pursuing this certificate? How will the Graduate Queer Studies contribute to your career goals?	e Certificate in Sexuality and
Student Signature:	Date:
Faculty Advisor Signature:	Date:

Submit completed form to the GWSS Program Coordinator at gwss@uw.edu or in the GWSS main office PDL B110.

GWSS/UW
Seattle, WA 98195
gwss@uw.edu
https://gwss.washington.edu/graduate-certificate-sexuality-queer-studies

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