



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 Certificate in Sexuality and Queer Studies contribute to your career goals?

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.