



**GENDER,
WOMEN &
SEXUALITY
STUDIES**

Completion of Sexuality & Queer Studies Certificate Requirements Form

UNIVERSITY of WASHINGTON

This signed and completed form must be submitted to the GWSS Program Coordinator in-person (PDL B110) or via email (gwss@uw.edu) before the last day of the quarter in which the student intends to complete the certificate. After this form is received and verified, the Program Coordinator will submit a petition requesting that the Graduate School process and grant the certificate via MyGrad.

Student Name: _____ Date: _____ Student ID Number: _____ Student's Email Address: _____ Name of Faculty Advisor: _____
GWSS 464 Or 564 Queer Desires (5 Credits) Quarter & Year Of Completion: _____
1st Elective Course: 400 or 500-Level Course Related to Sexuality & Queer Studies (5 Credits) Course Title And Number: _____ Quarter & Year Of Completion: _____
2nd Elective Course: 400 or 500-Level Course Related to Sexuality & Queer Studies (5 Credits) Course Title And Number: _____ Quarter & Year Of Completion: _____
3rd Elective Course: 400 or 500-Level Course Related to Sexuality & Queer Studies (5 Credits) Course Title And Number: _____ Quarter & Year Of Completion: _____
4th Elective Course: 400 or 500 Level Course Related to Sexuality & Queer Studies (5 Credits) Course Title And Number: _____ Quarter & Year Of Completion: _____
Capstone Course and Required Presentation or Paper (1 Credit) Title of Paper: _____ Quarter & Year of Completion: _____

Student Signature: _____ **Date:** _____