Stony Brook University

Department of Women's, Gender, and Sexuality Studies

APPLICATION

Women's and Gender Studies Graduate Certificate Program

Name: ____________________________________________

Address: ____________________________________________

Email: ____________________________________________

Undergraduate Education: ____________________________________________

Graduate Education: ____________________________________________

To what department/program have you applied? ____________________________________________

Degree being pursued: ____________________________________________

Have you been formally accepted yet? ____________________________________________

Have you begun work in the program yet? ____________________________________________

What previous work in Women's and Gender Studies have you done? ____________________________________________

Undergraduate: ____________________________________________

Graduate: ____________________________________________

Signature: ____________________________________________ Date: ____________________________________________

Please bring or send completed form to:
Women's and Gender Studies Graduate Certificate Program
Department of Women's, Gender, and Sexuality Studies
Stony Brook University
Humanities Room #2048
Stony Brook, NY 11794-5356
Permission to Enroll in a Secondary Certificate Program

<table>
<thead>
<tr>
<th>Last Name (Current Name on S8 Records)</th>
<th>First Name</th>
<th>Student I.D. No. (not Social Security #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you a U.S. citizen? Yes No</td>
<td></td>
<td>If you answered NO to both questions, indicate your immigration status:</td>
</tr>
<tr>
<td>Are you a Permanent Resident? Yes No</td>
<td></td>
<td>Academic Level (circle one) G1 G2 G3 G4 G5</td>
</tr>
<tr>
<td>Are you participating in a certificate program? Yes No</td>
<td>Academic Level (circle one) G1 G2 G3 G4 G5</td>
<td></td>
</tr>
<tr>
<td>Signature of Student Date</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>The student listed above has approval to work concurrently towards the secondary certificate program listed below. We understand that by adding an additional certificate program the time limits for the first degree remains the same and the student must complete the second program within the time limit for the original program completion. By signing below, we certify that we have reviewed the student's transcript and have developed a completion plan for both degrees. We understand that tuition scholarships may only be used for coursework pursuant to the program for which it was awarded, and that the student must be enrolled fulltime to receive a tuition scholarship. We understand that a maximum of 6 graduate credits earned prior to the student being accepted into the certificate program can be applied to the certificate program. International students must get this form signed by International Services.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Degree Program</th>
<th>Degree Plan (circle one)</th>
<th>Matriculation Date (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Program</td>
<td>MA MBA MFA MM MS DA DMA PhD</td>
<td>Fall Spring Summer 20</td>
</tr>
<tr>
<td>Student's Primary Program Advisor (Please Print)</td>
<td>Advisor's Signature Date</td>
<td></td>
</tr>
<tr>
<td>Student's Graduate Program Director (Please Print)</td>
<td>GPD’s Signature Date</td>
<td></td>
</tr>
</tbody>
</table>

| Certificate Program | Semester Start (Circle One) | |
| Certificate Program | Fall Spring Summer 20 | |
| Student's Graduate Program Director (Please Print) | GPD’s Signature Date |

| Visa & Immigration Services Signature (if required): | Date: |
| For Graduate School & School of Professional Development Use Only: | |
| □ Denied & Reason: | Date: |
| □ Approved & Processed: | Date: |
| Signature |

Graduate School: 2401 Computer Science Bldg.
School of Professional Development: 2321 Computer Science Bldg.

It is the policy of the Graduate School & School of Professional Development to abide by University, federal, and state laws. For more information on our policies, visit the Graduate Bulletin.
WOMEN'S AND GENDER STUDIES GRADUATE CERTIFICATE REGISTRATION FORM

The Graduate Certificate in Women's and Gender Studies consists of 15 credits:

- 9 credits required courses
- 6 credits elective courses

Please be aware that a maximum of 6 graduate credits earned prior to the student being matriculated into the secondary program can be applied to the secondary program.

Student Information:

Name: ___________________________  Student ID: ___________________________

Campus Address: ___________________________  Campus Telephone#: ___________________________

____________________________________  Home Telephone#: ___________________________

____________________________________  Email address: ___________________________

____________________________________  Year entered USB: ___________________________

Home Address: ___________________________  Degree expected: ___________________________

____________________________________  Area of concentration: ___________________________

____________________________________  Expected graduation date: ___________________________

A. Core Requirements (9 credits):

- WST 600 (Hist. & Methods of WaGS)  Semester completed: ______  Grade: ______  Credits: ______
- WST 601 (Feminist Theory)  Semester completed: ______  Grade: ______  Credits: ______
- WST 698 (Teaching Pract. In WaGS)  Semester completed: ______  Grade: ______  Credits: ______

B. Electives (6 credits must be 600-level or higher):

Course  Semester completed  Grade  Credits

________________________________________________________________________

________________________________________________________________________

Total credits completed toward your WaGS certificate thus far: ___________________________

Comments: ___________________________

________________________________________________________________________

Clearance Approved: ___________________________  date: ___________________________