

**GRADUATE CERTIFICATE PLAN OF STUDY**  
**(to be completed upon entry to program)**

Name: \_\_\_\_\_

UFID#: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone, Email: \_\_\_\_\_

Type of Certificate: *Please describe the type of Certificate you are pursuing by circling the appropriate category on each line:*

(Circle one)    Women's Studies                      Gender and Development

Supervisory Committee: *Please list name and department/unit of each committee member. Note: The student's committee must consist of 2-3 faculty members affiliated with the Center for Women's Studies and Gender Research.*

Chair: \_\_\_\_\_

Members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Research Plan: *Please explain your interest in Women's Studies and how you hope the Certificate applies to your research plan. (Note: Please attach this as a separate, one page, typed document).*

Additional Information: *Please list any additional information related to your Certificate plans that you think is important to your progress.*

REQUIREMENTS:

Certificate candidates must complete a total of 12 CREDIT HOURS at the 5000 level or higher as well as complete a paper or project with a gender focus. Certificate work must be approved by Center Graduate Coordinator, Center Director, as well as the Chair of the student's supervisory committee which must consist of three approved Women's Studies faculty members.

Coursework: *In the box below, please list the courses you have taken or plan to take to fulfill the 12 credit hours of coursework requirements (at the 5000 level or above) for the Certificate.*

**6 REQUIRED CREDITS (must be taken as WST 5933, WST 6508, WST 6936, or WST 6935):**

<u>Course #</u>	<u>Course Name</u>	<u>Semester/Year/Credits</u>	<u>Grade</u>
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**6 ADDITIONAL CREDITS (may be credits of outside courses which count toward Women's Studies, 3 credits of independent study and/or 3 credits of MA/PhD research hours in student's major department if the student's thesis/dissertation has a prominent gender focus)**

<u>Course #</u>	<u>Course Name</u>	<u>Semester/Year/Credits</u>	<u>Grade</u>
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**NOTE: If you have any substitutions for the required courses, please list them below (The current Graduate Coordinator for the Center must sign and date in the margin next to each approved substitution).**

<u>Required course</u>	<u>Course used as substitute</u>	<u>Semester/Year/Credits</u>	<u>Grade</u>
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Signatures: *Please print your name, sign your name and put the current date if you agree with the following statement: This plan of study has been reviewed and approved.*

Student: \_\_\_\_\_

Committee Chair: \_\_\_\_\_

Graduate Coordinator: \_\_\_\_\_

Center Director: \_\_\_\_\_