

**PhD CONCENTRATION APPLICATION FOR ADMISSION &
PLAN OF STUDY
(to be completed for entry to program)**

Name: _____

UFID#: _____

Date: _____

Address: _____

Phone, Email: _____

Home Department: _____

Supervisory Committee: *Please list name and department/unit of each committee member. Note: The Committee Chair and, at least, one member of the committee must be affiliated with the Center for Women's Studies and Gender Research*

Chair: _____

Members: _____

REQUIREMENTS:

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

UF transcript: *Please submit a copy of your UF transcript.*

Letter from Committee Chair: *Please submit a letter from your Committee Chair in your home department, approving your solicitation of the PhD Concentration in Women's Studies.*

Coursework Plan of Study: *In the box below, please list the courses you plan to take to fulfill the 15 credit hours of coursework requirements (at the 5000 level or higher) for the Concentration. Please note, Candidates are required to complete at least 15 credit hours in gender-related courses including 3 credits of WST 6935 (Interdisciplinary Topics in Women’s Studies); 6 credits (2 courses) of the following: WST 5933, WST 6508, WST 6936; and 6 credits of approved gender-related coursework outside of the PhD-granting home department.*

3 CREDITS OF WST 6935:			
<u>Course #</u>	<u>Course Name</u>	<u>Semester/Year/Credits</u>	<u>Grade</u>
WST 6935			
6 CREDITS OF WST 5933, WST 6508, or WST6936 (2 of these 3 courses must be taken):			
<u>Course #</u>	<u>Course Name</u>	<u>Semester/Year/Credits</u>	<u>Grade</u>
6 ADDITIONAL CREDITS (of approved gender-related coursework outside of PhD granting home department)			
<u>Course #</u>	<u>Course Name</u>	<u>Semester/Year/Credits</u>	<u>Grade</u>

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: _____