

APPLICATION FOR SEXUALITY STUDIES CERTIFICATE

Please fill out this form during your last semester of studies and return it to the Department of Interdisciplinary Programs, 210 JB.

Name _____

Student ID _____ e-mail _____

Semester degree awarded _____

Major(s) _____

Minor(s) _____

Requirements for Certificate:

Introduction to Sexuality Studies (154:110)

Semester completed: _____

Capstone (154:18x)

Course number: _____

Course title: _____

Semester completed: _____

15 additional hours in approved courses:

Course number	Course title	Semester completed

(PLEASE CONTINUE TO PAGE 2)

Finally, tell us a little about what you got out of the certificate, and your plans for the future!