**PURDUE UNIVERSITY**

**WOMEN’S, GENDER & SEXUALITY STUDIES GRADUATE CONCENTRATION PROGRAM**

**Application**

*A student wanting a graduate concentration in WGSS has to be enrolled in one of the participating departments at Purdue University.* **Please note that two signatures (applicant, Major Professor/Advisor) are required for the application to be submitted for review.** Submit a scanned copy to the WGSS office via email: wgss@purdue.edu

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| PUID #: |  Enter PUID # Here |  |
|  |  |  |
| DOB: | MM/DD/YY |  |
|  |  |  |
| Legal Last Name:  | Enter Legal Last Name |  |
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| Legal First Name: | Enter Legal First Name |  |
|  |  |  |
| Preferred Name: | Enter Preferred Name |  |
| Email:  |  @ purdue.edu |  |
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| First Semester @ Purdue: | Choose a Semester | Year |
|  |  |  |
| Expected Graduation: | Choose a Semester | Year |
|  |  |  |
| Home Department: | Choose Home Dept |  |
|  |  |  |
| Advisor: | Enter Advisor Name |  |
|  |  |  |
| Degree: | [ ] MS[ ] Ph.D. |  |
|  |  |  |
| Local Address: | Enter Street Address | Enter City |
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| Phone #: | Enter Phone # |  |
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| Citizenship Status: | Choose Citizenship Status |  |

Signatures for Submission:

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Signature of Student Date Signature of Major Professor Date

*(For WGSS Use Only)*

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*Signature of WGSS Program Coordinator Date Signature of WGSS Director Date*

*Approved for Review\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*