**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](mailto:wgss@purdue.edu)

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

Signatures for Submission:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date Signature of Major Professor Date

*(For WGSS Use Only)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

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

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