

Intent to Enroll

Women's Studies in Religion Certificate Program

Graduate Theological Union

Student ID#: _____

Name: _____

Street Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone #: _____

Degree Program: _____ School of Affiliation: _____

Year in Program: _____ Faculty Advisor: _____

*My signature on this form indicates my intent to participate in the GTU Women's Studies in Religion Certificate Program, fulfilling coursework and colloquium requirements in order to receive certification. **Filling out this form does not mean students are obligated to complete this program.***

Signature: _____ Date: _____

Please return this form to the Academic Programs Coordinator – ftompson@gtu.edu
3rd Floor, 2400 Ridge Road
Questions about the Certificate Program? Contact wsr@ses.gtu.edu