Illinois State University Women's, Gender, and Sexuality Studies Graduate Certificate WGS 400 Agreement Form

Name:	
UID #: Email:	
Degree Program:	
Faculty Supervisor:	
Project Title:	
Completed Project Proposal: Yes No Please attach your project proposal detailing that this proposal follows the outlined gu Overview document and includes the following: Overview of the Project Preliminary Thesis or Insight	
Methodology	
Preliminary Timeline	
Bibliography of at least 5 sour	rces
Outlined Meeting Dates with Faculty Supervisor:	
Final Due Date:	
As the instructor of record, I have carefully read and agr procedures regarding WGS 400 as outlined in the WGS 40	
WGSS Core/Affiliated Faculty Advisor Signature	Date
As the student of record, I have carefully read and agree and procedures regarding WGS 400 as outlined in the WG	
Student Signature	Date
As the WGSS Program liaison, I approve this project as an	ticulated in the submitted paperwork:
WGSS Advisor/ Director Signature	Date