



PROGRAM IN GENDER AND SEXUALITY STUDIES

Name: _____

Date: _____

NETID: _____

Home Department _____

Undergraduate Certificate/Minor Requirements:

Please check off the requirements you have completed. To report your independent work requirements, please email this form, abstract, and table of contents to gss@princeton.edu.

GSS 201

- Semester: _____
- Grade Received: _____

Three GSS or GSS Cross-Listed Electives

- Course Number 1: _____
 - Professor: _____
 - Semester: _____
 - Grade Received: _____
- Course Number 2: _____
 - Professor: _____
 - Semester: _____
 - Grade Received: _____
- Course Number 3: _____
 - Professor: _____
 - Semester: _____
 - Grade Received: _____

One 300 or 400-level GSS or GSS Cross-Listed Elective

- Course Number & Title: _____
- Professor: _____
- Semester: _____
- Grade Received: _____

Independent Work

- Title: _____

- Advisor: _____
- Email your abstract, table of contents and bibliography with this form to gss@princeton.edu.

Signature: _____

Date: _____