

**DECLARATION OF INTENT**  
**INTERDISCIPLINARY GRADUATE CERTIFICATE IN WOMEN'S HEALTH**

Domain	Department	Catalog Number	Class Name	Semester	Year	Credits
Foundation Course			Issues in Women's Health			3
I						
II						
III						
ELECTIVE						
<b>Target Completion Semester and Year</b>						<b>15</b>

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

College/School (if applicable) \_\_\_\_\_

Graduation Year (if applicable) \_\_\_\_\_ Degree (if applicable) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant's statement: The above information is accurate to the best of my knowledge. I agree to comply with the prescribed courses as mutually agreed upon by myself and a faculty representative of the Interdisciplinary Women's Health Graduate Certificate

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE FORM**

Please obtain the appropriate signatures, one from your IGCWH faculty representative and the other from your Home department/program/professor.

**IGCWH Faculty Representative Signature**

\_\_\_\_\_  
 Caren J. Frost, PhD, MPH  
 Research Professor, College of Social Work Signature

\_\_\_\_\_  
 Date

**Home Department**

\_\_\_\_\_  
 Director/Chair/Professor (please print)

\_\_\_\_\_  
 Department

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date