

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

DECLARATION OF INTENT

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 CSW Academic Advisor 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