

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.

Signature: _____ Date:

**Please return this form to the GTU Academic Dean's Office
3rd Floor, 2400 Ridge Road**

Questions? Contact wsr@ses.gtu.edu