

PROGRESS REPORT: GRADUATE CLUSTER/CERTIFICATE IN GENDER & SEXUALITY STUDIES

NAME: _____ NU ID: _____

EMAIL ADDRESS: _____

SCHOOL/DEPARTMENT: _____ EXPECTED GRADUATION DATE: _____

ADVISOR: _____

ADVISOR'S INITIALS	DATE

ADVISOR'S INITIALS	DATE

THE CLUSTER

1) TWO core courses:

ONE sexuality *theory* course

Number: _____

Title: _____

Instructor: _____

Quarter/Year: _____

ONE gender/feminist *theory* course

Number: _____

Title: _____

Instructor: _____

Quarter/Year: _____

2) ONE additional course

Number: _____

Title: _____

Instructor: _____

Quarter/Year: _____

3) TWO quarters in the Graduate Colloquium

THE CERTIFICATE

All requirements of cluster PLUS:

1B) TWO additional core courses (FOUR total):

ONE sexuality studies course

Number: _____

Title: _____

Instructor: _____

Quarter/Year: _____

ONE gender/feminist studies course

Number: _____

Title: _____

Instructor: _____

Quarter/Year: _____

4) Major Research Project:

5) Project Cover Letter situating the project in its field, explaining the major research project's gender and/or sexuality focus, its contribution to the field, and the grounds on which it should be accepted in fulfillment of the certificate requirement. See the Cluster and Certificate page on the website for more information.

PLEASE NOTE: Students are encouraged to check in yearly with the DGS to discuss progress and any other relevant issues or concerns. If not on campus during any given year, students should contact the DGS by email or phone.

NOTES: _____

