



Application for Graduation with Distinction in Women's Studies

Name: _____

Application Date _____ Graduation Date (Dec or May): _____

Campus Phone: _____ E-mail: _____

Campus Address: _____

Title of Thesis: _____

Name of Thesis Advisor: _____

Proposed Second Reader: _____

Abstract of Proposed Thesis: (or on attached page)

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For Office Use Only

Date Received: _____ Received by: _____

Approved by Women's Studies Director: _____

Recommendation to Steering Committee: _____

Steering Committee Recommendation: _____