

## Women Gender & Sexuality Student Information Form for Majors

Please bring a copy of your Academic Req. Report to your meeting with the DUP.

**Today's Date:** .....

**Name:** .....

**Computing ID:** .....

**Phone:** .....

**Expected Graduation Date:** .....

**University Address:** .....

**Permanent Address:** .....

**WGS Concentration (optional, please circle):**

Sexuality Studies

Gender Studies