

**Election of Minor**  
**Gender Studies (24 hours)**  
2016-2017 Catalog

Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Major: \_\_\_\_\_

**Required Courses**

Do not write in shaded area

		<b>Hours</b>
<input type="checkbox"/> GNST 125	Introduction to Gender Studies	3.0
<input type="checkbox"/> INTD 324	Feminist Theory	3.0

Eighteen hours of electives from the following courses and others approved by the Gender Studies Council:

<input type="checkbox"/> ENG 361	Women in Literature	3.0
<input type="checkbox"/> FYS-3RC	FYS: LGBT Lives	4.0
<input type="checkbox"/> GNST 201	Introduction to Queer Studies	3.0
<input type="checkbox"/> HIST 329	Women in American History	3.0
<input type="checkbox"/> HIST 337	Women, Gender Studies, and European History	3.0
<input type="checkbox"/> HUM 210	Women in the Arts	3.0
<input type="checkbox"/> PSYC 307	Psychology of Marriage and Family	4.0
<input type="checkbox"/> REL 225	Feminist and Womanist Theologies	3.0
<input type="checkbox"/> SOC 305	Self and Society	3.0
<input type="checkbox"/> SOC 333	Sexuality and Gender in Society	3.0
<input type="checkbox"/> SOC 335	Sociology of Family	3.0

Explain transfer, substitutions, or other irregularities:

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

***I understand I have final responsibility for monitoring my graduation requirements.***

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to the Office of the Registrar**