Name: __________________________________________________________

Institute for Women’s, Gender, and Sexuality Studies
Annual Student Evaluation Form
M.A. Program

Please complete this form in its entirety and turn it in to the WGSS Graduate Director no later than April 1st along with an up-to-date copy of your curriculum vitae (c.v.).

Coursework Completion (please check all that apply and fill in the blanks where required):

Core courses (15 hours):
_____ WST 8001 (Feminist Theories)
_____ WST 8002 (Globalization & Gender)
_____ WST 8003 (New Directions in Feminism)
_____ WST 8004 (Feminist Methodologies)
_____ WST 8005 (Women’s, Gender, and Sexuality Studies Proseminar)

Electives (15 hours*):

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<tr>
<th>Term</th>
<th>Course #</th>
<th>Course Title</th>
<th>Instructor</th>
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*Please put a star by any course you received special permission from the Graduate Director to count towards your WGSS electives, and attach documentation (e.g., e-mail correspondence).

Thesis Hours (WGSS 8999) – list # of hours & dates:

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<th>Term</th>
<th>Hours</th>
<th>Dates</th>
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GRA Hours (WGSS 8990) – list # of hours & dates:

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<th>Hours</th>
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Thesis Committee (provide name, rank, department, phone #, e-mail address):

1) Thesis Advisor (must be WGSS core or affiliate faculty)
   ________________________________________________________________

2) Other WGSS Committee Member
   ________________________________________________________________

3) Other Committee Member
   ________________________________________________________________

4) List any additional members, if applicable
   ________________________________________________________________
**Thesis Proposal**

Date of thesis proposal defense: ________________________
Outcome (circle one): PASS, PASS w/REVISIONS, FAIL
IRB Approved (circle one): Y / N / Not applicable

**Thesis**

Thesis title: __________________________________________
________________________________________________________________________
________________________________________________________________________
Date of thesis defense: _______________________________
________________________________________________________________________
Outcome (circle one): PASS, PASS w/REVISIONS, FAIL
Date revisions completed and approved (if applicable):__________________________________

**Graduation**

Have you filed for graduation? Y/N (please note: you must file 3 semesters in advance)
Semester of anticipated graduation: _________________________________________________
Date of actual graduation:_________________________________________________________

**Funding** (please list all types and sources since you have been in the GSU WGSS M.A. Program)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Miscellaneous**

What is your current GPA?___________
List any unresolved incompletes:____________________________________________________
List any awards you have received while in the GSU WGSS M.A. program:____________________________________________________

Have you met the criterion for continuous enrollment? Y / N / Not applicable
Any special remarks?____________________________________________________
________________________________________________________________________

THANK YOU!!