Minor in Gender and Women Studies
APPLICATION FOR A MINOR

Name: ____________________________________________

VU ID #:________________________________________

VU Email: _______________________________________

Cell Phone: _________________________________

Present Major: ________________________________

Expected date of graduation _____________

Student Signature: ____________________________

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________ IS Accepted IS NOT Accepted__________

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Director’s Signature: ______________________________

Date: ____________________

After completing this application, make an appointment to meet with Lisa Sewell, the Academic Director, to approve enrollment: lisa.sewell@villanova.edu