Graduate Certificate in Feminist Scholarship
Milestone Form

Date: _____

Name: _____ ID Number: _____

Address: _____

City/State/Zip: _____

Phone | Home: _____ Work: _____ Email: _____

Department: _____ Year started at Columbia: _____

Departmental Advisor: _____

Dissertation Topic: _____

Projected Date of Certificate Exam: _____

To Be Taken as Part of Departmental Qualifying Exam? _____

Please list the title, instructor, and semester for the required courses:

G4000 or G6001 course: _____

Advanced Topics course: _____

For Pedagogy Option: G8001 taken in _____ with _____

OPTION 1

Examiners: 1. _____ 2. _____

Institute Examiner Departmental Examiner

Exam Date: _____ Reading List Approval Date: _____

Certificate Exam passed on _____

Certificate letter sent on: _____

OPTION 2

Syllabus, rationale, and bibliography accepted and approved on _____

Certificate letter sent on: _____

Please add any comments below

_____

_____

_____

_____

_____