

# Women's Studies



## Senior Project Grade Sheet

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Month/Year of graduation: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Grade:** \_\_\_\_\_

Faculty Advisors:

\_\_\_\_\_  
Name Dept Signature

\_\_\_\_\_  
Name Dept Signature

\_\_\_\_\_  
Name Dept Signature

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*Please submit this form to the Women's Studies Office, 106 Eaton Hall.*

Tel: 617-627-2955 ♀ Fax: 617-627-3032 ♀ WomensStudies@tufts.edu ♀ <http://ase.tufts.edu/womenstudies>

09/25/03