**Gender and Sexuality Health Justice Concentration Application**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester and Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expected Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_**

**Gender and Sexuality Health Justice | Course Requirements**Spring Term | NURS 6180 - Gender Sexuality Health Justice I (1st MSN year)
Fall Term | NURS 6200 - Gender and Sexuality Health Justice III (2nd MSN year)
Fall and Spring Term | NURS 6202 -  Gender and Sexuality Health Justice Clinical (2nd MSN year)

*Please note that enrollment in the Gender and Sexuality Health Justice concentration incurs additional tuition cost in the total amount of $9,876.   This fee is for the didactic/clinical component but students may take the didactic courses without the clinical component and would not incur the concentration fee in doing so.*

 *Gender and Sexuality Health Justice applications are due by October 19th. See more information about this concentration here:* <https://nursing.yale.edu/gender-and-sexuality-health-justice-concentration>

**Student:**

\_\_\_\_\_\_ I am aware of the expectations for the GSHJ concentration and have discussed them with:

 Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Short statement regarding goals and objectives (attached) (one page), addressing: (a) goals, objectives and rationale for wanting to participate in the selected concentration or track
(b) concrete plans for balancing the added coursework and clinical work, if applicable
(c) populations of interest for clinical experiences, if applicable.

\_\_\_\_\_\_ Transcript – unofficial acceptable (attached)

**Agreement:** I agree to meet each semester with Concentration Faculty and my Academic Advisor to review my progress in the Concentration as well as my overall academic performance.

**Student Signature Date**

**Concentration Faculty**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to accept this student into the Concentration and will meet at least each semester to review this student’s progress in the Concentration as well as overall academic performance**.**

**Concentration Faculty Signature Date**

**Academic Advisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that this student meets criteria to elect a Concentration and I will meet each semester to review this student’s overall academic performance.

**Academic Advisor Signature Date**

**The use of electronic or image file signatures is acceptable.**