

**APPLICATION FOR FACULTY ASSOCIATION
WITH THE U.S.C. WOMEN'S AND GENDER STUDIES PROGRAM**

Name: _____

Address: _____

Phone no. _____ Fax no. _____ E-mail address: _____

I wish to apply for the status of: **AFFILIATE** **ADJUNCT** **FRIEND**

List (or highlight on your vita) publications, grants, projects related to women and gender:

List the WOST courses (cross-listed, approved, or designated) you currently teach (include syllabi):

List WOST courses you would like to cross-list or develop:

List WOST committees or other services to WOST in the past 2 years:

Interests, community or work activities that relate to women and gender:

PLEASE RETURN THIS FORM, SYLLABI, AND YOUR VITA TO:

**Dr. Drucilla K. Barker
USC Women's and Gender Studies
201 Flinn Hall
Columbia, SC 29208**