

Grady College Graduate Advisement Form

UGA ID # _____ - _____ - _____

TERM: _____ YEAR: _____

Name _____

Preferred name _____

Pronouns _____

Current Address _____

Local phone # _____

Degree, circle one: Ph.D., or MA thesis, or MA non-thesis

Concentration: _____

Dept. abbreviation	Course #	CRN #	Credit hours	Time	Days	Session
Alternates						

Total Hours: _____

Approval from Advisor/Major Professor _____

Printed name of Advisor/Major Professor _____

Date _____