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: _________________________________

<table>
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<tr>
<th>Dept. abbreviation</th>
<th>Course #</th>
<th>CRN #</th>
<th>Credit hours</th>
<th>Time</th>
<th>Days</th>
<th>Session</th>
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Alternates

Total Hours: ______

Approval from Advisor/Major Professor ____________________________
Printed name of Advisor/Major Professor__________________________

Date__________

Updated 8/30/21