

## 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 \_\_\_\_\_