# Grady College Graduate Advisory Form

UGA ID #: _____-_____-_____

Name: _____

Last First Middle/Maiden

Current Address: _____

_____

_____

Local phone City State Zip Code

Degree _____ Concentration_____ Term_____ Year ____

| Department Abbreviation | Course Number | CRN# | Credit Hours | Time | Days | Session |
|---|---|---|---|---|---|---|
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| | | | | | | |
| Alternate Courses | | | | | | |
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| | | | | | | |

Total Credits_____

*DO NOT INCLUDE ALTERNATIVES

Approval from Advisor/Major Professor _____

Printed name of Advisor/Major Professor _____

Date _____