



Department of Sociology

Franklin College of Arts and Sciences

UNIVERSITY OF GEORGIA

Graduate Student Advising

Name: _____ **Student ID:** _____

Term: _____ **Year:** _____

I have been advised to enroll in the following courses:

| | Course | CRN | Instructor | Credit Hours |
|----|---------------|------------|-------------------|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Comments:

Student Signature

Major Professor Signature

Please have form signed by your Major Professor before giving it to the Graduate Coordinator Assistant

Cleared for registration _____ by _____, approved by _____.
Date Staff Member Graduate Coordinator