



# 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 Program Coordinator**

Cleared for registration \_\_\_\_\_ by \_\_\_\_\_, approved by \_\_\_\_\_.  
*Date Staff Member Director, Graduate Studies*