



Department of Sociology

Franklin College of Arts and Sciences

UNIVERSITY OF GEORGIA

Request for Appointment of Major Professor – MA

Master of Arts Degree

Name: _____ **Date:** _____

I have advised with _____, and request that he or she be appointed my Major Professor.

Approval Signatures

Major Professor: _____ **Date:** _____

Director, Graduate Studies: _____ **Date:** _____

When complete, return this form to the Graduate Program Coordinator.