STUDENT ID NUMBER	SCHOOL GRADUATE	DEGREE OBJECTIVE	MAJOR _			SEMESTER 20
NAME		SUBJECT	COURSE NUMBER	CRN	CREDIT HOURS	COMMENTS
LAST	FIRST MIDDLE/MAIDEN					
UGA EMAIL:			-			
PHONE:						
PLEASE ATTACH:	Registrars: https://reg.uga.edu					
Independent Study Form for:	mtps://eg.uga.edu	ALTERNATE COURSES:				
	Financial Aid:					
CSCI 6950 7000 7005 7007	https://osfa.uga.edu					
7300 9000 9005 9300	Office Of International Education:					
	https://international.uga.edu					TOTAL CREDITS DO NOT INCLUDE ALTERNATIVES
ADVISOR/MAJOR PROF. SIGNATURE (REQUIRED):		ADVISOR/MAJOR PROF. PRINTED NAME (REQUIRED):				