

School of Computing (SoC)

University of Georgia

SOC Office Use Only:

Completed: _____ Date: _____

DOUBLE DAWGS ADVISEMENT FORM

** This form is to be used by the undergraduate BS.CSCI student who has been accepted to the UGA Double Dawgs program.

Form must be 1. Approved by your Undergraduate Academic Advisor 2.) Submitted for course LEVEL override to Samantha Varghese, slvargh@uga.edu. Thank you.

Full Name _____ UGAID# _____

Degree/Major: _____ UGA Email: _____

Acceptance to Double Dawgs Term: Fall Spring Summer 20_____

Advising Term: _____ Accepted to Pathway: MS CSCI NT MS CYB NT

Course Prefix	No.of Course	CRN	Credit Hours	Comments

Student Signature/Date

Undergraduate Academic Advisor Signature/Date

Undergraduate Academic Advisor Printed Name