STUDENT ID NUMBER _____ SCHOOL GRADUATE

NAME _____
LAST FIRST MIDDLE/MAIDEN

UGA EMAIL: _____

PHONE: _____

PLEASE ATTACH:

Independent Study Form for:

CSCI 6950 7000 7005 7007

7300 9000 9005 9300

Registrars:
https://reg.uga.edu

Financial Aid:
https://osfa.uga.edu

Office Of International Education:
https://international.uga.edu

ADVISOR/MAJOR PROF.
SIGNATURE (REQUIRED): _____

DEGREE OBJECTIVE _____ MAJOR _____ SEMESTER _____ 20__

SUBJECT	COURSE NUMBER	CRN	CREDIT HOURS	COMMENTS
ALTERNATE COURSES:				
				TOTAL CREDITS DO NOT INCLUDE ALTERNATIVES

ADVISOR/MAJOR PROF.
PRINTED NAME (REQUIRED): _____