## 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.

Coordinator and please b	, email: cs-gradering the Doubl	l-coordinator@ug	ga.edu. Email to an for advising 3.	arrange an appo ) Submitted for on nank you.	intment with Gra course LEVEL or	computing Graduate duate Coordinator verride to Samantha	
Full Name				UGAID# 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				uate Academic	Advisor Signat  Advisor Printed  ordinator, SoC	I Name	
			Dr. Liming	Dr. Liming Cai, Graduate Coordinator, SoC/Date			