

Horticulture graduate advisement form

UGA ID: 81 _____	First name:	Last name:
---------------------	-------------	------------

Advisor:

Semester:

Courses to register for:

Department	Course number	Course title	Number of hours

Total number of hours:

Note: Students on departmental assistantship **must** register for 18 hours of course work (including research and thesis/dissertation hours each semester

Student signature

Advisor signature