

**Georgia State University
Department of Computer Science
Graduate Student Registration Form**

Student Name: _____

Term: _____

Student ID Number: _____

Email: _____@student.gsu.edu

Course Number	CRN	Hours
Total Hours (Must equal 20 for Graduate Assistants)		
On the following two rows, give two alternative classroom-taught courses. Mandatory. (For each alternative include Course Number, CRN, and Hours.)		

Student Signature: _____

Advisor Name: _____

Advisor Signature: _____

Date: _____