PROPOSED MASTERS & SPECIALIST DEGREE PROGRAM
(Part Two of Two Parts)

THE DEPARTMENT OF _____
University of Nevada, Las Vegas

THIS FORM MUST BE SUBMITTED WITH PART ONE OF THE PROPOSED MASTERS DEGREE PROGRAM FORM

Social Security Number_____-_____-_____

Last Name_____ First Name_____ MI___

Department_____ Degree_____

NO MORE THAN 15 CREDIT HOURS MAY BE EARNED TOWARD THE MASTERS DEGREE IN A STATUS OTHER THAN FULL GRADUATE STANDING OR GRADUATE PROVISIONAL.

*** Indicates Transfer Work** **# Indicates Work taken as a Special Student**

Course No.	Course Title	Anticipated Term & Year	Credit	Grade	Date (m/d/yy) Completed
CORE REQUIREMENTS					
700-LEVEL GRADUATE COURSES					
600-LEVEL UPPER DIVISION UNDERGRADUATE COURSES					

TOTAL HOURS IN PROGRAM _____