

PROPOSED DOCTORAL DEGREE PROGRAM

PART ONE OF TWO PARTS

THE GRADUATE COLLEGE

The University of Nevada, Las Vegas

- * Type directly into the highlighted fields or print clearly in blue or black ink.
- * Submit the signed original and 3 copies of Parts One and Two of this form to the Graduate College by the beginning of the 3rd semester of enrollment
- * Note: Work taken before matriculation may not be used in an advanced degree program without departmental and Graduate College approvals. Transfer work taken after matriculation may not be used without prior permission from the department and Graduate College.

STUDENT INFORMATION:

Social Security Number: _____ - _____ - _____

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

ADVANCE DEGREE PROGRAM INFORMATION:

Graduate Catalog year used to determine degree requirements: _____

Department: _____ Major: _____

APPROVAL SIGNATURES

(To be signed after reading and endorsing Part Two of the PROPOSED DEGREE PROGRAM FOR AN ADVANCED DEGREE)

Student Date Additional Committee Member (if applicable) Date

Advisory Committee Chair Date Additional Committee Member (if applicable) Date

Advisory Committee Member Date

Advisory Committee Member Date

Graduate College Representative Date

Department Chair/Graduate Coordinator Date

GRADUATE COLLEGE APPROVAL:

Dean, Graduate College Date