

CHANGE IN PROPOSED DEGREE PROGRAM

THE GRADUATE COLLEGE
University of Nevada, Las Vegas

Date: _____

Department: _____

Degree: _____

Student ID or Social Security Number _____

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

Approval of the change(s) listed below in the Degree Program currently on file in the Graduate College is requested.

* Indicates Transfer Credit, which must have been approved by the Department and Graduate Dean and posted by the Registrar.

Indicates credit earned as a Non-Degree Student.

	Course No.	Course Title	Credit	Grade	Date Completed
Add					
Delete					
Add					
Delete					
Add					
Delete					
Add					
Delete					

CHANGE IN THESIS OR PROFESSIONAL PAPER

Add					
Delete					

JUSTIFICATION FOR CHANGES

APPROVED:

Student Signature: _____

Date _____

Student's Committee Chair: _____

Date _____

Department Chair/Grad. Coordinator: _____

Date _____

* Academic College Dean: _____

Date _____

Graduate College Dean: _____

Date _____

* Please consult the Forms page of the Graduate College website (graduatecollege.unlv.edu) to determine if this signature is required for your program.