

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

THE GRADUATE COLLEGE
 University of Nevada, Las Vegas

HIGHER EDUCATION

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

Social Security Number - -

Last Name First Name MI

Department

Degree

*Indicates Transfer Work

Indicates Work Taken as Non-Degree Seeking Student (MAY NOT TO EXCEED 15 CREDITS)

Course No.	Course Title	Anticipated Credit Term & Year	Grade	Date Completed
MASTER'S CORE				
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
ELECTIVES				
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
INTERNSHIP				
EDH 690	INTERNSHIP	<u> </u>	<u> </u>	<u> </u>
CAPSTONE COURSE				
EDH 610	CAPSTONE	<u> </u>	<u> </u>	<u> </u>
TOTAL HOURS IN PROGRAM <u> </u>				