PROPOSED MASTERS AND SPECIALIST DEGREE PROGRAM

Student ID (L-Number):

PART 2 OF 2 PARTS

THIS FORM MUST BE SUBMITTED WITH PART 1 OF THE PROPOSED MASTERS AND SPECIALIST DEGREE PROGRAM FORM.

Student Name:						
_	Last Name		irst Name		M.I.	
Department:		Con	centration:			
* Indicates Transfer Work # Indicates Work Taken as a Special Student						
					GRADUATE COLLEGE USE ONLY	
COURSE PREFIX & #	COURSE TITLE		# OF CREDITS	G	DC	
TOTAL HOURS IN PROGRAM						