

PROPOSED GRADUATE CERTIFICATE 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 upon enrollment
- * Note: Work taken before matriculation may not be used in an advanced graduate certificate 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:

Student ID or Social Security Number: _____

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Phone _____

ADVANCED GRADUATE CERTIFICATE PROGRAM INFORMATION:

Graduate Catalog year used to determine degree requirements: _____

Department: _____ Certificate Program: _____

APPROVAL SIGNATURES

(To be signed after reading and endorsing Part Two of the PROPOSED MASTERS DEGREE PROGRAM form)

Student _____ Date _____

Department Chair / Graduate Coordinator _____ Date _____

* Dean, Academic College _____ Date _____

GRADUATE COLLEGE APPROVAL:

Dean, Graduate College Date

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