

PROPOSED MASTERS & SPECIALIST 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 before earning 16 hours toward the degree
- * 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:

Student ID or Social Security Number: _____

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Phone _____

ADVANCED DEGREE PROGRAM INFORMATION:

Graduate Catalog year used to determine degree requirements: _____

Department: _____ Concentration: _____

Degree Sought: _____

Degree Options: ___ Thesis ___ Professional/Scholarly Paper or Project

___ Other: _____

APPROVAL SIGNATURES

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

Student Date

Advisor/Committee Chair 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.