

PROPOSED Ph.D. Program- Educational Psychology

(Part Two Page Two of Two Parts)

THE GRADUATE COLLEGE
University of Nevada, Las Vegas

THIS FORM MUST BE SUBMITTED WITH PART ONE OF THE PROPOSED Ph.D. DEGREE PROGRAM FORM

Student ID or Social Security Number _____

Last Name _____ First Name _____ MI

Department _____ PhD Specialization Strand _____

*** Indicates Transfer Work**

Indicates Work taken as a Special Student

Course No.	Course Title	Anticipated Term & Year	Credit	Grade	Date Completed
-------------------	---------------------	--	---------------	--------------	---------------------------
