



**PROPOSED Ph.D. Program- Educational Psychology/School 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**

---

<b>Course No.</b>	<b>Course Title</b>	<b>Anticipated Term &amp; Year</b>	<b>Credit</b>	<b>Grade</b>	<b>Date Completed</b>
-------------------	---------------------	--------------------------------------------	---------------	--------------	---------------------------

---