



**PROPOSED EDUCATION SPECIALIST DEGREE PROGRAM**

(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 EDUCATION SPECIALIST DEGREE PROGRAM FORM**

Student ID (L-Number): \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Department \_\_\_\_\_ Degree \_\_\_\_\_

NO MORE THAN 15 CREDIT HOURS MAY BE EARNED TOWARD THE EDUCATION SPECIALIST DEGREE IN A STATUS OTHER THAN FULL GRADUATE STANDING OR GRADUATE PROVISIONAL.

**\* 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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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