PROPOSED MASTER OF SCIENCE DEGREE PROGRAM
(Part Two of Two Parts)

DEPARTMENT OF Educational Psychology
University of Nevada, Las Vegas

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

Social Security Number_____-_____-_____

Last Name_____ First Name_____ MI___

Department Educational Psychology Degree M.S.

***** Indicates Transfer Work **#** Indicates Work taken as a Special Student

Course No.	Course Title	Anticipated Term & Year	Credit	Grade	Date (m/d/yy) Completed
WORK TAKEN PRIOR TO ADMISSION (MAY NOT EXCEED 15 HOURS)					
REQUIRED AND ELECTIVE COURSES					
EPY 701	Proseminar in Educational Psychology		1		
EPY 711	Human Growth & Development		3		
EPY 712	Foundations of Learning & Cognition		3		
EPY 702	Research Methods		3		
EPY 721	Descriptive & Inferential Statistics		3		
EPY 723	Human Measurement I		3		

TOTAL HOURS IN PROGRAM

Copies: Graduate College; Advisory Committee Chair; Department; Student 7/03