PROPOSED MASTERS AND SPECIALIST DEGREE PROGRAM

PART 2 OF 2 PARTS

THIS FORM MUST BE SUBMITTED WITH PART 1 OF THE PROPOSED MASTERS AND SPECIALIST DEGREE PROGRAM FORM.

Student ID (L-Number): _____

Student Name: _____
Last Name First Name M.I.

Department: _____ Concentration: _____

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

			GRADUATE COLLEGE USE ONLY	
COURSE PREFIX & #	**COURSE TITLE**	**# OF CREDITS**	**G**	**DC**

TOTAL HOURS IN PROGRAM _____