

**PROPOSED DOCTORAL DEGREE PROGRAM**

(Part Two of Two Parts)

**THE GRADUATE COLLEGE**

University of Nevada, Las Vegas

**HIGHER EDUCATION LEADERSHIP** PhD \_\_\_\_\_ EdD \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

\*Indicates Transfer Work

# Indicates Work taken as a Non-Degree Seeking Student  
(MAY NOT EXCEED 15 HOURS)

Course No.	Course Title	Anticipated Term & Year	Credit	Grade	Date Completed
<b>DOCTORAL CORE</b>					
<b>RESEARCH CORE and ELECTIVES</b>					
<b>ELECTIVES/COGNATE</b>					
<b>EDH790</b>	<b>INTERNSHIP</b>				
<b>EDH796</b>	<b>PROSPECTUS</b>				
<b>EDH799</b>	<b>DISSERTATION</b>				

**TOTAL HOURS IN PROGRAM** \_\_\_\_\_