PROPOSED MASTERS & SPECIALIST DEGREE PROGRAM
(Part Two of Two Parts)

THE GRADUATE COLLEGE
University of Nevada, Las Vegas

HIGHER EDUCATION LEADERSHIP

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

Social Security Number _____-_____-_____

Last Name_____ First Name_____ MI___

Department_____

Degree_____

*Indicates Transfer Work

# Indicates Work Taken as Non-Degree Seeking Student (MAY NOT TO EXCEED 15 CREDITS)

Course No.	Course Title	Anticipated Credit Term &Year	Grade	Date Completed
MASTER'S CORE				
ELECTIVES				
INTERNSHIP				
EDH790	**INTERNSHIP**			
CAPSTONE COURSE				
EDH 798	**CAPSTONE**			

TOTAL HOURS IN PROGRAM _____