

PROPOSED DOCTORAL DEGREE PROGRAM

(Part Two of Two Parts)

THE GRADUATE COLLEGE

University of Nevada, Las Vegas

HIGHER EDUCATION 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
DOCTORAL CORE					
RESEARCH CORE and ELECTIVES					
ELECTIVES/COGNATE					
EDH790	INTERNSHIP				
EDH796	PROSPECTUS				
EDH799	DISSERTATION				

TOTAL HOURS IN PROGRAM _____