

PROPOSED MASTER OF SCIENCE DEGREE PROGRAM

(Part Two of Two Parts)

DEPARTMENT OF _____
University of Nevada, Las Vegas

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

UNLV ID Number _____

Last Name _____ First Name _____ MI _____

Department _____ Degree _____

* Indicates Transfer Work

Indicates Work taken as a Special Student

Course No.	Course Title	Anticipated Term & Year	Credit	Grade	Date (m/d/yy) Completed
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WORK TAKEN PRIOR TO ADMISSION (MAY NOT EXCEED 15 HOURS)

REQUIRED AND ELECTIVE COURSES

TOTAL HOURS IN PROGRAM _____