PROPOSED MASTERS **& SPECIALIST** DEGREE PROGRAM
PART ONE OF TWO PARTS

THE GRADUATE COLLEGE
The University of Nevada, Las Vegas

* Type directly into the highlighted fields or print clearly in blue or black ink.
* Submit the signed original and 3 copies of Parts One and Two of this Form to the Graduate College before earning 16 hours toward the degree
* Note: Work taken before matriculation may not be used in an advanced degree program without departmental and Graduate College approvals. Transfer work taken after matriculation may not be used without prior permission from the department and Graduate College.

STUDENT INFORMATION:

Student ID or L Number: _____

Last Name_____ Name_____

Address_____ _____ _____ Zip _____

E-mail Address_____

ADVANCE DEGREE PROGRAM INFORMATION:

Graduate Catalog year used to determine degree requirements: _____

Department: _____ Major: _____

Degree Sought: _____

Degree Options: ☐ Thesis ☐ Professional/Scholarly Paper or Project

☐ Other: _____

APPROVAL SIGNATURES
(To be signed after reading and endorsing Part Two of the PROPOSED MASTERS DEGREE PROGRAM form)

_____
Student Date

_____
Advisor/Committee Chair Date

_____
Department Chair/Graduate Coordinator Date

GRADUATE COLLEGE APPROVAL:

_____
Dean, Graduate College Date

Copies: Graduate College; Advisory Committee Chair; Department; Student