

PROPOSED EDUCATION SPECIALIST DEGREE PROGRAM

(Part Two Page Two of Two Parts)

THE GRADUATE COLLEGE
University of Nevada, Las Vegas

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

Social Security Number _____ - _____ - _____

Last Name _____ First Name _____ MI _____

Department _____ Degree _____

NO MORE THAN 15 CREDIT HOURS MAY BE EARNED TOWARD THE EDUCATION SPECIALIST DEGREE IN A STATUS OTHER THAN FULL GRADUATE STANDING OR GRADUATE PROVISIONAL.

*** Indicates Transfer Work**

Indicates Work taken as a Special Student

Course No.	Course Title	Anticipated Term & Year	Credit	Grade	Date Completed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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