

CHANGE IN PROPOSED DEGREE PROGRAM

THE GRADUATE COLLEGE
University of Nevada, Las Vegas

Date: _____

Department: _____ Degree: _____

Social Security Number _____ - _____ - _____

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

Approval of the change(s) listed below in the Degree Program currently on file in the Graduate College is requested.

* Indicates Transfer Credit, which must have been approved by the Department and Graduate Dean and posted by the Registrar.

Indicates credit earned as a Non-Degree Student.

	Course	Course Title	Credit	Grade	Date Completed
Delete					
Add					
Delete					
Add					
Delete					
Add					
Delete					
Add					

CHANGE IN THESIS OR PROFESSIONAL PAPER

Delete					
Add					

JUSTIFICATION FOR CHANGES

APPROVED:

Student Signature: _____ Date _____

Student's Committee Chair: _____ Date _____

Dept. Chair/Grad. Coord. _____ Date _____

Graduate College Dean: _____ Date _____