

COLLEGE OF SOUTHERN NEVADA

HUMAN RESOURCES W40E

6375 W. CHARLESTON BLVD

LAS VEGAS, NEVADA 89146

PHONE (702) 651-5800 – FAX (702) 651-5778

APPLICATION FOR PROFESSIONAL ADVANCEMENT

Degree Program

(Please type or print)

Faculty Name _____ Teaching Area _____ Department _____

CSN Phone Number _____ Home Phone Number _____ Sort Code _____

Were you hired on a tenure-track contract? YES NO Current Salary Schedule Column Placement _____

I request approval to begin the following degree program:

Sponsoring Institution	Degree	Major Emphasis	Number of Credits Required: (semester or quarter?)

Is the *institution* offering the degree program *regionally accredited*? YES NO
If YES, name of regional accrediting organization _____

Is the *institution* offering the degree program a *foreign educational institution*? YES NO
If YES, name of foreign institution _____

I plan to complete or have completed by degree on _____
Month Day Year

ATTACH to this application:

- A published general description of the degree program
- A published list of the courses and other scholarly work required to earn the degree (include list of credit courses, dissertation or thesis requirements, etc.)

PROVIDE rationale for approval: _____

 Applicant's Signature Date

 Chair/Immediate Supervisor Date Recommendation YES NO

 Dean Date Recommendation YES NO

 Chair, Professional Advancement Committee Date Recommendation YES NO

 Vice-President Academic Affairs Date Recommendation YES NO