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 the 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

_____ Recommendation YES NO
Chair/Immediate Supervisor Date

_____ Recommendation YES NO
Dean Date

_____ Recommendation YES NO
Professional Standards Committee Date

_____ Recommendation YES NO
Vice-President Date