

PROGRAM of STUDY

Please type all required information. Do not handwrite. List courses in the order they were/will be completed. Each course, directed reading, independent study, etc. should be listed on a separate line. Include only those courses that will be applied to the degree.

MASTER of EDUCATION

M545/Q361

MAJOR: Instructional Leadership and Academic Curriculum **CONCENTRATION:** Instructional Leadership **SITE:** _____

NAME: _____ **OU ID:** _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* For OU graduate courses including Advanced Programs, Norman, Tulsa and Liberal Studies, leave this column blank. For transfer credit (including OU Health Sciences Center courses), enter the institution name in this column. For courses applied to a dual master's degree, enter **Shared** in this column.

STUDIES IN TEACHING AND LEARNING: 3 hours. A course in teaching and learning from a list approved by the Graduate Liaison and Advisor, based on requirements of the specific area and students' professional interests and goals.

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STUDIES IN CULTURAL DIVERSITY: 3 hours. A course in cultural diversity from a list approved by the Graduate Liaison and Advisor, based on requirements of the specific area and students' professional interests and goals.

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RESEARCH: 6 hours in Research from a list approved by the Graduate Liaison and Advisor, based on requirements of the specific area and students' professional interests and goals.

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RESEARCH SYNTHESIS: 0-3 hours for non-thesis students, 2-3 hours for thesis students. Non-thesis students will take EDUC 6930. Thesis students will take EDUC 5980 or program equivalent (a completed [Master's Thesis Topic and Committee Membership form](#) must be attached).

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INSTRUCTIONAL LEADERSHIP CONCENTRATION: A minimum of 9 hours concentration coursework directly related to career goals as approved by advisor and graduate liaison.

ELECTIVES: A minimum of 11 hours as approved by faculty advisor and graduate liaison.

TOTAL HOURS: 36 hours required

I intend to graduate in the _____ semester. I hereby request approval of my program of study as outlined above. I understand that I am responsible for reviewing the policies and procedures governing graduate study at the University of Oklahoma as published in the *Graduate College Bulletin*.

Student Signature _____ Date _____



I have reviewed the above-named student's proposed program of study and I recommend approval.

Printed Name of Graduate Liaison _____ Graduate Liaison Signature _____ Date _____

FOR GRADUATE COLLEGE USE ONLY:

Program effective Fall 2016. Semester Admitted/Re-admitted: _____

Date Checked: ____/____/____ | Timeline Begins: _____ | Hours Required: _____ | OK ____ Problem ____