

**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 ARTS**

F300/Q431

**MAJOR:** Economics Accelerated, with Bachelor of Arts (Economics)

**CONCENTRATION:** Managerial

**NAME:** \_\_\_\_\_

**OU ID:** \_\_\_\_\_

**Up to 12 credit hours of graduate-level electives (4000-level courses approved for graduate credit may be permitted) – as approved by the Graduate Director – may be shared with the bachelor’s degree.**

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
<b>Credit*:</b> For OU graduate courses including Norman, Tulsa, Advanced Programs 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 the bachelor’s degree, enter <b>Shared</b> in this column.					

**REQUIRED COURSES:** 9 hours.

ECON 5023	Statistics for Decision Making	3			
ECON 5033	Managerial Economics I	3			

One of the following (3 hours):

ECON 5043	Managerial Economics II				
ECON 5990	Government Relations to Business				
ECON 5853	World Economic Development				

**RESEARCH COURSES:** 2-3 hours. ECON 5940 Research in Economic Problems, or an elective course with a research component as approved by the Graduate Director.

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**ELECTIVE COURSES:** 20-21 hours.

**ECON Electives:** 8-9 hours as approved by Graduate Director.


**ECON or Non-ECON Electives:** 12 hours as approved by Graduate Director.


**TOTAL HOURS:**

32 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 **Summer 2016**. Semester Admitted/Re-admitted: \_\_\_\_\_

Date Checked: \_\_\_\_/\_\_\_\_/\_\_\_\_ | Timeline Begins: \_\_\_\_\_ | Hours Required: \_\_\_\_\_ | **OK** \_\_\_\_ **Problem** \_\_\_\_