The UNIVERSITY of OKLAHOMA
GRADUATE COLLEGE

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 ACCOUNTANCY   M002

MAJOR: Online Accounting

NAME: _____   **OU ID:** _____

The non-thesis degree is a coursework-only degree; a non-thesis examination is not required.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*

* For OU graduate courses including Norman, Tulsa, and Extended Campus, 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.

REQUIRED COURSEWORK: 9 hours.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
ACCT 5113	Advanced Accounting	3			
ACCT 6553	Accounting Theory and Research	3			

Tax Course: ACCT 5703 Income Tax Accounting II or other appropriate 5000- or 6000-level tax course as determined by the Graduate Liaison.

		HOURS			
		3			

ACCOUNTING ELECTIVES: 12 hours of 5000- or 6000-level Accounting courses (except ACCT 5202 and ACCT 5212).

BUSINESS ELECTIVES: 12 additional hours of courses in B AD, ECON, ENT, FIN, L S, MGT, MIT, MKT, SCM or ACCT (maximum 3 hours in ACCT).

TOTAL HOURS: [_____]   33 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

GRADUATE PROGRAMS for ACADEMIC EXCELLENCE
EST. 1909
THE UNIVERSITY OF OKLAHOMA
GRADUATE COLLEGE

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 2019. Semester Admitted/Re-admitted:** _____

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