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* EDUCATION M005/Q377

MAJOR: Adult & Higher Education **CONCENTRATION:** Intercollegiate Athletic Administration

NAME: _____ **OU ID:** _____

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: 12 hours.

EDAH 5013	The Adult Learner	3			
EDAH 5023	Administration of Adult and Higher Education	3			
EDAH 5033	Critical Literature in Adult and Higher Education	3			
EDAH 5043	Introduction to Research in Adult and Higher Education	3			

CONCENTRATION IN INTERCOLLEGIATE ATHLETIC ADMINISTRATION: 15 hours.
Choose four Intercollegiate Athletics courses (12 hours) as approved by Faculty Advisor from the list of approved courses maintained in the department.

Social Foundations IAA Concentration Requirement: 3 hours. Select one of the following.

EDAH 5633	Gender in Intercollegiate Athletics				
EDAH 5563	Inclusive Praxis in Intercollegiate Athletics				
EDAH 5683	Race & Ethnicity in Intercollegiate Athletics				

ELECTIVES: 9 hours. Any OU graduate level courses approved by the student's IAA Faculty Advisor.

TOTAL HOURS: _____ 36 hours required

I intend to graduate in the (sem.) (yr.) 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*.

☐ No ☐ Yes *I am also enrolled as a doctoral student, and I wish to receive the non-thesis master's degree on the basis of my doctoral general examination, which I will take in the _____ _____ semester.*

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

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

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