

## 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.

**EXECUTIVE MASTER of BUSINESS ADMINISTRATION**

M008

**MAJOR:** Aerospace and Defense

**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*
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\* 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.

EMAD 5302	Accounting in Aerospace and Defense	2			
EMAD 5312	Information Technology and Cyber Security in Aerospace and Defense	2			
EMAD 5322	Managing Supply Chain and Logistics in Aerospace & Defense	2			
EMAD 5332	Legal Environment for Aerospace and Defense	2			
EMAD 5342	Project Management for Aerospace and Defense	2			
EMAD 5352	Global Aerospace and Defense Strategy	2			

**ELECTIVES:** 20 hours. Any ten courses, which may include but are not limited to EMAD 5362, 5372, 5382, 5392, 5402, 5412, 5422, 5432, 5442, 5452, 5472, 5482, and additional graduate level courses from an approved list maintained by the department and approved by the graduate liaison.


**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 **Spring 2021**. Semester Admitted/Re-admitted: \_\_\_\_\_

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