

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

M025/Q423

MAJOR: Anthropology

CONCENTRATION: Linguistic Anthropology

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* For OU graduate courses including Norman, Tulsa, OU North America and Europe, and OU Online, 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.

PROFESSIONALIZATION COURSE:

ANTH 5001	Professionalization in Anthropology	1			
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CORE COURSES: 6 hours. A grade of B or higher is required.

ANTH 5363	Linguistic Anthropology	3			
ANTH/LING 5053	Morphology	3			

RESEARCH METHODS: 3 hours. A grade of B or higher is required.

ANTH 5153	Ethnography of Communication	3			
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ELECTIVES: 15-18 hours. Elective coursework selected in consultation with the student's adviser and committee. At least 3 hours of Anthropology electives must be in a subfield other than Linguistic Anthropology, and no more than 6 credit hours from outside Anthropology may be applied.

THESIS RESEARCH: 2-5 hours ANTH 5980 required. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

ANTH 5980	Research for Master's Thesis				

TOTAL HOURS:

30 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 2020**. Semester Admitted/Re-admitted: _____

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