

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 (for students admitted before Summer 2020: **MASTER of ARTS in APPLIED LINGUISTIC ANTHROPOLOGY**)

M026

MAJOR: Applied 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 CLASS:

ANTH 5001	Professionalization in Anthropology	1			
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ANTHROPOLOGY CORE: 3 hours. A grade of B or higher is required.

ANTH 5363	Linguistic Anthropology	3			
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LINGUISTIC ANTHROPOLOGY: 9 hours.

One of the following:

ANTH 5613	Morphosyntax				
ANTH/LING 5053	Morphology				

One of the following:

ANTH 5623	Descriptive Linguistic Methods I				
LING 5363	Linguistic Field Methods				

One of the following:

ANTH 5633	Descriptive Linguistic Methods II				
ANTH 5153	Ethnography of Communication				

ELECTIVES: 12-15 hours of coursework selected in consultation with the student's advisor and committee.

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 **Fall 2017**. Semester Admitted/Re-admitted: _____

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