

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 ARCHITECTURE

M047

MAJOR: Architecture (via other pre-arch 3 year)

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

ARCH 6156	Graduate Studio I	6			
ARCH 5516	Graduate Architectural Design I	6			
ARCH 5363	Methods III – Materials and Form	3			
ARCH 5143	Architectural History	3			
ARCH 5453	Modern and Contemporary Architecture	3			
ARCH 5526	Graduate Architectural Design II	6			
ARCH 5463	Methods IV – Sustainable and Resilient Systems I	3			
ARCH 5193	Architectural Structures I	3			
ARCH 5543	Architectural Theory and Criticism	3			
ARCH 5536	Graduate Architectural Design III	6			
ARCH 5563	Methods V – Sustainable and Resilient Systems II	3			
ARCH 5723	Methods VII – Advanced Systems	3			
ARCH 5233	Architectural Structures II	3			
ARCH 5546	Graduate Architectural Design IV	6			
ARCH 5663	Methods VI – Urban Design Methodologies	3			
ARCH 5863	Methods VIII – Building Performance Analytics	3			
ARCH 6590	Professional Project Research	3			
ARCH 6596	Design IX – Comprehensive Architecture I	6			
ARCH 5923	Methods IX – Entrepreneurial Architect and Leadership	3			
ARCH 5333	Advanced Structures	3			
ARCH 6056	Design X – Comprehensive Architecture II	6			
ARCH 5053	Methods X – Tools of Practice	3			

Three research electives (3 hours each, for a total of 9 hours):

		3			
		3			
		3			

TOTAL HOURS:

96 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 2016**. Semester Admitted/Re-admitted: _____

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

