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* **ARTS**   M075

MAJOR: Art and Technology

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.

CORE COURSES: 12 hours.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
A T 5803	History and Theory of Art and Technology Seminar	3			
A T 5813	Creative Coding Techniques	3			
A T 5913	Professional Project	3			
A T 5923	Professional Forum	3			

ELECTIVE COURSES: 21 hours. May include, but not limited to: A T 5823, 5833, 5843, 5853, 5863, 5873, 5883, and 5893.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*

TOTAL HOURS: _____   33 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