

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 SCIENCE (for students admitted before Summer 2020: **MASTER of SCIENCE in CONSTRUCTION MANAGEMENT**)

M253

MAJOR: Special Studies

NAME: _____

OU ID: _____

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: 3-12 hours. 5003, 5013, and 5003 are fundamental courses for students without construction education or background – may be replaced with electives for students with sufficient construction education and/or experience, with approval of the graduate liaison.

CNS 5003	Construction Fundamentals I				
CNS 5013	Construction Fundamentals II				
CNS 5033	Applied Project Management				
CNS 5023	Research Methods in Planning, Design and Construction	3			

CORE ELECTIVES: 9 hours. Three courses from the following.

CNS 5123	Fundamentals of BIM				
CNS 5143	Legal Issues in Construction				
CNS 5303	Lean Construction Management				
CNS 5403	Leadership in the Construction Industry				
CNS 5523	Pre-Construction Services				

OTHER ELECTIVES: 6-15 hours. Electives as required and approved by the student's committee. May include CNS 5960, 5970, and/or 5940.

RESEARCH COURSES: 5 hours.

CNS 5993	Special Studies Research	3			
CNS 5952	Special Studies Presentation	2			

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 **Summer 2019**. Semester Admitted/Re-admitted: _____

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