

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 HUMAN RELATIONS

M269

MAJOR: Diversity, Equity and Social Justice

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	INSTRUCTOR	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

H R 5203	Graduate Research & Writing for Human Relations		3			
H R 5013	Current Problems in Human Relations		3			
H R 5022	Research in Human Relations I - Quantitative		2			
H R 5003	Theoretical Foundations Of Human Relations		3			
H R 5122	Research in Human Relations II - Qualitative		2			
H R 5100	Advanced Theories: Social Change and the Law		3			
H R 5053	Diversity and Justice in Organizations		3			
H R 5113	Seminar in Local Issues: Policy, Program & Practice		3			
H R 5110	Advanced Seminar: Program Training & Development		3			
H R 5100	Advanced Theories: Strategies of Social Change		3			
H R 5110	Advanced Seminar: Program Assessment & Evaluation		3			
H R 5880	Human Relations Capstone		2			

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

FOR GRADUATE COLLEGE USE ONLY:

Program effective **Fall 2020**. Semester Admitted/Re-admitted: _____

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