

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.

EXECUTIVE MASTER of BUSINESS ADMINISTRATION

M366

MAJOR: Energy

NAME: _____

OU ID: _____

The non-thesis degree is a coursework-only degree; a non-thesis examination is not required.

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

EMBA 5012	Energy Policy and Regulations	2			
EMBA 5261	Energy and Environment I	1			
EMBA 5021	Economics of the Energy Value Chain and Technology & Innovation Influences	1			
EMBA 5141	Supply Chain	1			
EMBA 5022	Accounting I	2			
EMBA 5062	Quantitative Methods and Models	2			
EMBA 5031	Organizational Behavior	1			
EMBA 5052	Financial Markets and Securities	2			
EMBA 5042	Energy Economics	2			
EMBA 5082	Strategic Management	2			
EMBA 5091	Accounting II	1			
EMBA 5222	Corporate Finance and Risk Management	2			
EMBA 5271	Energy and Environment II	1			
EMBA 5131	Alternative Energy: Power & Fuels	1			
EMBA 5142	Derivatives and Energy Trading	2			
EMBA 5232	Energy Law	2			
EMBA 5242	Reserve Valuation and Reporting	2			
EMBA 5251	Electric Utility Fundamentals	1			
EMBA 5112	Data, Analytics and Decision-Making	2			
EMBA 5182	Enterprise Valuation, Mergers and Acquisitions, and Corporate Restructuring	2			
EMBA 5191	Marketing Strategy	1			
EMBA 5201	Leadership and Managing Change	1			
EMBA 5212	Economic Project Evaluation- Capstone	2			

TOTAL HOURS:

36 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** ____