

## 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**

M375/Q426

**MAJOR:** English

**CONCENTRATION:** Literary 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.

The candidate must have reading proficiency in one foreign language, as determined by the department. This requirement must be fulfilled by the semester before graduation.

**REQUIRED COURSEWORK:** 6 hours.

ENGL 5313	Literary Criticism	3			
ENGL 5113	Teaching College Composition	3			

**ELECTIVES:** 21 hours, seven courses. Students must take most courses at the 5000 or 6000 level but may take one graduate 4000 level class, and one course outside the department, and one directed reading (ENGL 5963), with permission from the student's chair and the departmental graduate committee.


**THESIS RESEARCH:** 3 hours ENGL 5980 required. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

ENGL 5980	Research for Master's Thesis				
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**TOTAL HOURS:**  30 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. The language proficiency requirement has been fulfilled by: \_\_\_\_\_ (please describe method and date of completion)

Printed Name of Graduate Liaison \_\_\_\_\_

Graduate Liaison Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR GRADUATE COLLEGE USE ONLY:

Program effective **Fall 2019**. Semester Admitted/Re-admitted: \_\_\_\_\_

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