

## 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**

M500

**MAJOR:** Health and Exercise Science

**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.

**CORE:** 18 hours.

HES 5823	Exercise Physiology	3			
HES 5853	Health Fitness: Theory and Application	3			
HES 5833	Advanced Exercise Physiology Laboratory	3			
HES 5523	Health Promotion Strategies	3			
HES 5553	Health Promotion Evaluation	3			
HES 5563	Health Behavior I: Individual and Group Influences	3			

**RESEARCH TECHNOLOGY:** 8 hours. HES 5963 Statistical Applications in Health and Exercise Science or approved substitute is required.

HES 5953	Research Methods in Health and Exercise Science	3			
HES 5940	Intensive Studies in Health and Exercise Science	2			

**ELECTIVES:** 6 hours.


**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](#).

☐ No ☐ Yes

*I am also enrolled as a doctoral student, and I wish to receive the non-thesis master's degree on the basis of my doctoral general examination, which I will take in the \_\_\_\_\_ semester.*



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** \_\_\_\_