The UNIVERSITY of OKLAHOMA
GRADUATE COLLEGE

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   M523

MAJOR: Inclusive Leadership

NAME: _____   **OU ID:** _____

COURSE PREFIX & NUMBER	COURSE NAME	INSTRUCTOR	HOURS	GRADE	SEMESTER & YEAR	CREDIT* (CR, OL, Shared)
* 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 5003	Theoretical Foundations Of Human Relations		3			
H R 5122	Research in Human Relations II - Qualitative		2			
H R 5033	Seminar in Leadership in Organizations		3			
H R 5022	Research in Human Relations I - Quantitative		2			
H R 5110	Adv. Sem.: Developing Inclusive Leaders in a Diverse World		3			
H R 5113	Sem. in Local Issues: Organizational Behavior for Leaders		3			
H R 5873	Organizational Ethics		3			
H R 5100	Adv. Theories: Strategic Leadership for Intercultural Awareness		3			
H R 5100	Adv. Theories: Leadership in the Legal Environment		3			
H R 5110	Advanced Seminar: Leadership for Systemic Change		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