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* ARTS   M570

MAJOR: Integrated Childhood Well-Being

NAME: _____   **OU ID:** _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*

* For OU graduate courses including Tulsa, Norman, 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: 30 hours.
Education: 9 hours

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
EDEC 5333	Social and Emotional Learning	3			
EDEC 5413	Early Childhood Development	3			
EDEC 5920	Internship in Education--Master's *(3 hours required)*				

Health: 6 hours

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
S WK 5163	Child Abuse and Neglect	3			
S WK 5263	Biopsychosocial Aspects of Health and Behavior	3			

Family & Community: 6 hours

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
RCPL 5033	Sociology of Housing	3			
EACS 6263	Educational and Community Relations	3			

Economic Well-Being: 6 hours

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
P SC 5183	Public Budgeting and Finance	3			
P SC 5143	Program Evaluation and Applied Policy Analysis	3			

Statistics: 3 hours

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
EACS 6023	Applied Quantitative Research Methods in Educational Administration	3			

ELECTIVES: 6 hours. OCTH 7162, OCTH 8272, RCPL 5463, R S 5263, S WK 5183, or other courses approved by the ILAC-Tulsa department.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*

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 **Summer 2021. Semester Admitted/Re-admitted: _____**

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