

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

M574/Q184

MAJOR: Integrative Studies

CONCENTRATION: Diversity

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* For OU graduate courses including Extended Campus, Norman, and Tulsa, 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 CORE COURSES: 9 hours.

LSTD 5003	Introduction to Graduate Interdisciplinary Studies	3			
LSTD 5013	Interdisciplinary Foundations	3			
LSTD 5043	Research Methods in Interdisciplinary Studies	3			

REQUIRED INTEGRATIVE STUDIES COURSES: 6 hours.

LSIS 5113	Critical Readings in Interdisciplinary Studies	3			
LSIS 5133	Advanced Interdisciplinary Foundations	3			

DIVERSITY TRACK: 12 hours, including a 3-hour elective, as outlined below and approved by the program's lead faculty member and the graduate liaison.

LSAL 5343	Cultural Communication in Leadership	3			
LSIS 5233	Global Challenges in Leadership	3			
LSIS 5253	Cultural Communication in Leadership	3			
		3			

COMPLETION: 6 hours in one of the following:

Non-Thesis Completion: 6 hours advanced coursework as approved by the program's lead faculty member and the graduate liaison.

Thesis Completion: 6 hours LSIS 5980. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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 _____

FOR GRADUATE COLLEGE USE ONLY:

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

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