

## 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** (for students admitted before Summer 2020: **MASTER of SCIENCE in INTERIOR DESIGN**)

M586

**MAJOR:** Interior Design

**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.

### REQUIRED COURSEWORK

I D 5123	Environment and Human Behavior	3			
I D 5163	Design Computation Visualization and Analysis	3			
I D 5793	Interior Materials and Specifications	3			
I D 5343	Indoor Environmental Quality	3			
I D 5413	Indoor Controls and Technology	3			

One of the following (3 hours):

I D 5143	Design Theory Analysis and Evaluation				
ARCH 5543	Architectural Theory and Criticism				

One of the following (3 hours):

I D 5133	Research Methods				
RCPL 5113	Urban Planning Research Methods				

One of the following (3 hours):

I D 5463	Interior Design Office Professional Practice				
ARCH 5053	Methods X - Tools of Practice				

Elective, or I D 5940 Field Work (3 hours):

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**PROJECT:** 6 hours I D 5950 required for non-thesis students.


**THESIS RESEARCH:** 6 hours I D 5980 required for thesis students. 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 **Fall 2020**. Semester Admitted/Re-admitted: \_\_\_\_\_

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