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* LANDSCAPE ARCHITECTURE   M621

MAJOR: Landscape Architecture via B.L.A.

NAME: _____   **OU ID:** _____

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

* For OU graduate courses including Norman, Tulsa, Advanced Programs and Liberal Studies, 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

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
L A 5535	Landscape Architecture Intermediate Graduate Studio III	5			
L A 6643	Urban Design Theory	3			
L A 5402	Res Methods Landscape Arch	2			
L A 5545	Landscape Architecture Intermediate Graduate Studio IV	5			
L A 5950	Graduate Project Proposal	2			
L A 6950	Applied Research in Landscape Architecture	2			
RCPL 5525	Comprehensive Regional and City Planning Project	5			
L A 6595	Graduate Project	5			

Environmental Advised Requirement: 3 hours from approved list.

		HOURS	GRADE	SEMESTER & YEAR	CREDIT*
		3			

Advanced Professional Electives: 15 hours minimum. Five courses.

		HOURS	GRADE	SEMESTER & YEAR	CREDIT*

TOTAL HOURS: _____   47 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 2009. Semester Admitted/Re-admitted: _____**

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