

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

M622

MAJOR: Landscape Architectural Studies

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

L A 5515	Landscape Architecture Introductory Graduate Studio I	5			
L A 5513	Landscape Architecture Drawing and Graphics	3			
L A 5343	Landscape Architecture Technology: Site Issues	3			
L A 5713	Plant Material and Technology	3			
L A 5525	Landscape Architecture Introductory Graduate Studio II	5			
L A 5243	Landscape Architecture Technology: Materials and Construction	3			
L A 5923	Planting Design	3			
L A 5613	Landscape Architecture Computer Applications	3			
L A 5940	Field Work	1			
L A 5535	Landscape Architecture Intermediate Graduate Studio III	5			
L A 5943	History and Theory of Landscape Architecture	3			
L A 5402	Res Methods Landscape Arch	2			
L A 6643	Urban Design Theory	3			
L A 5545	Landscape Architecture Intermediate Graduate Studio IV	5			
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 **Fall 2017**. Semester Admitted/Re-admitted: _____

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