

## 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 EDUCATION**

M629

**MAJOR:** Learning Sciences

**NAME:** \_\_\_\_\_

**OU ID:** \_\_\_\_\_

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
* 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 <b>Shared</b> in this column.					

**REQUIRED COURSEWORK:** 6 hours for thesis students, 9-12 hours for non-thesis students.

EIPT 5533	Foundations of Learning Sciences	3			
EIPT 5183	Learning and Motivation	3			
<b>Non-thesis students only:</b> 3-6 hours from EIPT 5970 Special Topics/Seminar and/or EIPT 5920 Internship in Education--Master's.					

**ELECTIVES:** 21-24 hours. Chosen with approval of advisor.


**THESIS RESEARCH:** 3-6 hours EIPT 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 take the non-thesis examination in the \_\_\_\_\_ semester and 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](#).

☐ No ☐ Yes

I am also enrolled as a doctoral student, and I wish to receive the non-thesis master's degree on the basis of my doctoral general examination, which I will take in the \_\_\_\_\_ semester.



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 2020**. Semester Admitted/Re-admitted: \_\_\_\_\_

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