

**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**

M670

**MAJOR:** Mathematics

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

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

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

At least 15 hours from the following:

MATH 5353	Abstract Algebra I				
MATH 5363	Abstract Algebra II				
MATH 5453	Real Analysis I				
MATH 5463	Real Analysis II				
MATH 5853	Topology I				
MATH 5863	Topology II				

If only 15 hours from the above are taken, another 6-hour sequence of 5000 or 6000 numbered courses must be taken:

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**Additional Coursework:** 11-14 hours for non-thesis students, 7-12 hours for thesis students.

Additional coursework at the G4000 level or above as needed to meet the 32-hour minimum required for the degree.


**THESIS RESEARCH:** 2-4 hours MATH 5980 required for thesis students only. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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**TOTAL HOURS:**

32 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*.

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 1981**. Semester Admitted/Re-admitted: \_\_\_\_\_

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