

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 SC						M784
	ing, Design, and Construction					
NAME:	COURCE NAME				ID:	CDEDIT*
& NUMBER	COURSE NAME		HOURS	GRADE	SEMESTER & YEAR	CREDIT*
_	courses including Norman, Tulsa, and Extended Campus, leave this colur ion name in this column. For courses applied to a dual master's degree, e				ng OU Health Scie	nces Center courses),
REQUIRED COURS	EWORK					
ARCH 5543	Architectural Theory and Criticism		3			
RCPL 5113	Urban Planning Research Methods		3			
GUIDED ELECTIVE	S: 12 hours. Selected by the student under the guidance of the advisor	ory committe	ee.			
THESIS RESEARCH	: 12 hours ARCH 5980 required. A completed <u>Master's Thesis Topic of</u>	and Commit	tee Memb	ership form	must be attache	ed.
	TOTAL	. HOURS:		30 h	ours 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 <u>Graduate College Bulletin</u> .						
Student Signatu	re	Date				EST. 1909 VERSITY OF OKLAHOMA DUATE COLLEGE
I have reviewed	the above-named student's proposed program of study and	d I recomm	end appr	oval.		
Printed Name of Graduate Liaison Graduate L		uate Liaiso	son Signature			Date
FOR GRADUATE	COLLEGE USE ONLY:					
Program effect	ive Fall 2021. Semester Admitted/Re-admitted:					
Date Checked:	/ / I Timeline Begins:	l Ho	urs Reau	ired·	ОК	Problem

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