

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 PREVENTION SCIENCE

M793

MAJOR: Prevention Science (Electronic Delivery)

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.

CORE REQUIREMENTS

LSTD 5003	Introduction to Graduate Interdisciplinary Studies	3			
LSTD 5013	Interdisciplinary Foundations	3			

One of the following:

LSTD 5043	Research Methods in Interdisciplinary Studies				
LSTD 5083	Qualitative Research Methods in Interdisciplinary Studies				

CONCENTRATION REQUIREMENTS

LSPS 5113	Foundations in Prevention Science	3			
LSPS 5133	Prevention Across the Lifespan	3			
LSPS 5173	Program Development Implementation and Evaluation	3			

ELECTIVES: 15 hours.

TOTAL HOURS:

33 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 2010**. Semester Admitted/Re-admitted: _____

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