

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 REGIONAL & CITY PLANNING

M818

MAJOR: Regional & City Planning

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.					

CORE COURSES

RCPL 5013	History and Theory of Urban Planning	3			
RCPL 5463	Geographic Information Systems for Land Use Planning	3			
RCPL 5113	Urban Planning Research Methods	3			
RCPL 5173	Urban and Regional Analysis	3			
RCPL 5203	Urban Land Use Controls	3			
RCPL 5063	Planning with Diverse Communities	3			

One of the following (either the single 5-hour course or the two-course sequence):

RCPL 5525	Comprehensive Regional and City Planning Project				
RCPL 5523	Comprehensive RCPL Project: Research and Plan Making				
RCPL 5522	Comprehensive RCPL Project: Reporting and Implementation				

ELECTIVE COURSES: 21 hours.

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

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TOTAL HOURS:

48 hours required for thesis degree
44 hours required for non-thesis degree

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 2021**. Semester Admitted/Re-admitted: _____

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