

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 URBAN DESIGN

M865

MAJOR: Urban Design

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
* For OU graduate courses including Norman, Tulsa, OU North America and Europe, and OU Online, 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: 9 hours. 6 hours ARCH 6680 Urban Design Studio, 3 hours ARCH 6590 Professional Project Research.

CORE CURRICULUM: 9 hours from the following: ARCH 5343, ARCH 5643, ARCH 5653, ARCH 5713, ARCH 5733, ARCH 5743, ARCH 5763, ARCH 5990, ARCH 6643, L A 5243, L A 5343, L A 5923, RCPL 5003, RCPL 5203, RCPL 5453, RCPL 5463, RCPL 5483, RCPL 5733, RCPL 5893.

ELECTIVES: 8 hours approved by the program director.

PROJECT/THESIS RESEARCH: 6 hours required. Non-thesis students will take ARCH 6690 Professional Project. Thesis students will take ARCH 5980 Research for Master's Thesis (a completed [Master's Thesis Topic and Committee Membership form](#) must be attached).

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*.

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 **Spring 2018**. Semester Admitted/Re-admitted: _____

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