

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 SCIENCE

F300/Q431

MAJOR: Economics Accelerated, with Bachelor of Arts (Economics)

CONCENTRATION: Managerial

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* For OU graduate courses including Norman, Tulsa, and Extended Campus, 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 second degree (only for accelerated bachelor's/master's degrees or dual master's degrees), enter **Shared** in this column.

Up to 12 hours of graduate-level coursework may be shared between the undergraduate and graduate degrees. Shared coursework may be chosen from the Accelerated Economics Electives course list (4000-level courses approved for graduate credit may also be permitted). ECON 5940 or a course including a research paper to be submitted to the Graduate Advisor (requirement for the MA) is an optional shared course that could replace one of the shared graduate electives.

GRADUATE CORE: 9 hours. ECON 5023, ECON 5033, and ECON 5043 may be replaced with another ECON course with approval.

RESEARCH COURSES: 2-3 hours. ECON 5940 Research in Economic Problems, or an equivalent course with a research component as approved by the Graduate Director:

ECON GRADUATE ELECTIVES: Choose 8-9 hours of ECON electives as approved by the Graduate Director.

ECON OR NON-ECON GRADUATE ELECTIVES: 12 hours as approved by Graduate Director.

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 **Summer 2026**. Semester Admitted/Re-admitted: _____
Date Checked: ____/____/____ | Timeline Begins: _____ | Hours Required: _____ | **OK** ___ **Problem** ___