

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 ARTS

F520/Q325

MAJOR: Human Resource Studies Accelerated, with Bachelor of Arts in Human Relations

CONCENTRATION: General

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 an accelerated degree, enter **Shared** in this column.

15 hours of graduate coursework may be used to meet the degree requirements of both the B.A. and M.A.

HUMAN RELATIONS CORE CURRICULUM: 6 hours.

H R 5023	Research in Human Relations	3			Shared
H R 5093	Introduction to Graduate Studies in Human Relations	3			Shared

HUMAN RESOURCES CORE CURRICULUM: 21 hours.

H R 5143	Human Resource for the Human Relations Professional	3			Shared
H R 5803	Total Rewards: Compensations and Benefits	3			
H R 5813	Business Management and Strategic Planning	3			
H R 5823	Workforce Planning & Employment	3			Shared
H R 5833	Human Resource Development	3			
H R 5853	Employee and Labor Relations	3			
H R 5863	Fundamentals of Human Resource Information Systems	3			

DIVERSITY, EQUITY AND INCLUSION REQUIREMENT: 3 hours. Choose one course on the topic of Diversity and Inclusion with approval of the graduate liaison and advisor.

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RESEARCH AND APPLICATION: 6 hours.

Comprehensive Examination Track: 6 hours of H R 5200 Internship, or H R 5200 and 3 hours of graduate electives as approved by graduate liaison and advisor, or 6 hours of graduate electives as approved by graduate liaison and advisor.

TOTAL HOURS: 36 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 **Fall 2024**. Semester Admitted/Re-admitted: _____

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