

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 LIBRARY & INFORMATION STUDIES

F651

MAJOR: Library and Information Studies Accelerated, with Bachelor of Arts in Information Studies

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 shared with the bachelor's degree, enter **Shared** in this column.

Up to 12 hours may be shared with the bachelor's degree.

REQUIRED COURSEWORK

LIS 5023	Management of Information Organizations	3			
LIS 5033	Information and Society	3			
LIS 5043	Organization of Information	3			
LIS 5053	Information Seeking and Use	3			
LIS 5063	Fundamentals of Information Technology	3			
LIS 5713	Research and Evaluation Methods	3			

ELECTIVES: 12-16 hours for thesis students, 18 hours for non-thesis students. 12 hours may be shared with the bachelor's degree: LIS 5643, LIS 5683, and two additional courses selected with approval of the LIS advisor from a list maintained by the School of Library & Information Studies and approved by the Graduate College.

Remaining electives will be selected with approval of the LIS advisor from a list maintained by the School of Library & Information Studies and approved by the Graduate College.

LIS 5643	Introduction to Data Analytics	3			Shared
LIS 5683	Database Design for Information Organizations	3			Shared

THESIS RESEARCH: 2-6 hours LIS 5980 required for thesis students. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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 **Summer 2023**. Semester Admitted/Re-admitted: _____

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