The UNIVERSITY of OKLAHOMA
GRADUATE COLLEGE

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 F861/Q632

MAJOR: Supply Chain Management accelerated, with Bachelor of Business Administration (Supply Chain Management)

NAME: _____ **OU ID:** 11x-xx-xxxx

The non-thesis degree is a coursework-only degree; a non-thesis examination is not required.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*

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

Up to 12 hours of graduate-level courses from a list maintained by the departmental and approved by the graduate liaison can be shared between the BBA and MS-SCM programs.

REQUIRED COURSEWORK: 4 hours.

SCM 5502	Fundamentals of Supply Chain	2			Shared
SCM 5602	Integrated Supply Chain Capstone	2			

ELECTIVES: 28 credit hours from a list of courses maintained by the division and approved by the Graduate College. Accelerated students will share SCM 4003, SCM 4013, and 4 hours of graduate electives (as approved by the MSCM division) with the bachelor's degree.

SCM 4003	Global Supply Chain Management	3			Shared
SCM 4013	Supply Chain Modeling & Decision Making	3			Shared
	TOTAL HOURS:		32 hours required		

I intend to graduate in the __(sem.)__ __(yr.)__ 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

GRADUATE PROGRAMS for ACADEMIC EXCELLENCE
EST. 1909
THE UNIVERSITY OF OKLAHOMA
GRADUATE COLLEGE

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** ____