

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

M025/Q035

MAJOR: Anthropology

CONCENTRATION: Applied Medical Anthropology

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.

CORE COURSES: 12 hours. A grade of B or higher is required.

ANTH 5123	Contemporary Culture Theory	3			
ANTH 5223	Foundations of Social Thought	3			
ANTH 6633	Theory and Method in Biological Anthropology	3			
ANTH 6843	Theoretical Foundations of Biological and Medical Anthropology	3			

PROFESSIONALIZATION COURSE:

ANTH 5001	Professionalization in Anthropology	1			
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APPLIED ANTHROPOLOGICAL METHODS: 3 hours. ANTH 5513 Applying Anthropology to Contemporary Social Problems or alternative as approved by the student's chair and committee.

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ETHNOGRAPHIC METHODS: 3 hours. ANTH 5153, ANTH 5213, ANTH 5253, or alternative as approved by the student's chair and committee.

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STATISTICAL METHODS: 3 hours. ANTH 4713, BSE 5163, HES 5963, SOC 5283, or alternative as approved by the student's chair and committee.

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CULTURE AND HEALTH: 3 hours. ANTH 5323, ANTH 5393, ANTH 5643, ANTH 5823, or alternative as approved by the student's chair and committee.

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ELECTIVE: 3 hours of coursework selected in consultation with the student's chair and committee.

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INTERNSHIP: 6 hours of ANTH 6310 Internship in Applied Medical Anthropology

TOTAL HOURS: 34 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 2022**. Semester Admitted/Re-admitted: _____

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