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   M035

MAJOR: Applied Statistics

NAME: _____   **OU ID:** _____

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 a dual master's degree, enter **Shared** in this column.

REQUIRED COURSEWORK: 6 hours. DSP 5873 serves as the capstone experience.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
DSP 5773	Ethics in Statistical Practice	3			
DSP 5873	Statistical Consulting and Communication	3			

ELECTIVES: 24 hours.
Statistics: 15 hours from a list maintained by the Data Scholarship Program and approved by the Graduate College.

Statistics and Computing: 3 hours from a list maintained by the Data Scholarship Program and approved by the Graduate College.

Data Analytics Techniques and Data Management: 6 hours from a list maintained by the Data Scholarship Program and approved by the Graduate College.

TOTAL HOURS: [____]   30 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 2023. Semester Admitted/Re-admitted:** _____

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