

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

M073

MAJOR: Arts Management (Online)

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 second degree (only for accelerated bachelor's/master's degrees or dual master's degrees), enter **Shared** in this column.

CORE COURSES: 18 hours.

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|-----------|--|---|--|--|--|
| AMGT 5013 | Overview of Arts Management and Administration | 3 | | | |
| AMGT 5033 | Entrepreneurial Mindset in the Arts | 3 | | | |
| AMGT 5223 | Marketing in the Arts | 3 | | | |
| AMGT 5233 | Financial Management and Budgeting in the Arts | 3 | | | |
| AMGT 5263 | Fundraising and Development in the Arts | 3 | | | |
| AMGT 5243 | Leadership and Strategic Thinking in the Arts | 3 | | | |

FINE ARTS ELECTIVES: Students will choose 6 credit hours from a department-maintained list of approved courses which includes the following: DRAM 4853, ARTC 5943, AMGT 5173, LSMS 5163.

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PRACTICUM ELECTIVES: Students will choose 6 credit hours from a department-maintained list of approved courses which includes the following (please note: some courses may be repeated for credit): AMGT 5030, AMGT 5213, AMGT 5970.

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

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