

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

M210/Q131

MAJOR: Communication

CONCENTRATION: General

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* For OU graduate courses including Norman, Tulsa, Advanced Programs and Liberal Studies, 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: 3 hours.

COMM 5013	Introduction to Graduate Study	3			
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CORE COURSEWORK: 3 hours. One of the following:

COMM 5003	Quantitative Research Methods				
COMM 5023	Introduction to Quantitative Research Methods				
COMM 5313	Qualitative Research Methods				
COMM 5053	Introduction to Qualitative Research Methods				

ELECTIVES: 24 hours for non-thesis students, 20 hours for thesis students. Selected from a list maintained by the department and approved by the Graduate College. Up to 6 hours may be courses outside of Communication.

THESIS RESEARCH: 4 hours COMM 5980 required for thesis students only. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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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*.

No Yes

I am also enrolled as a doctoral student, and I wish to receive the non-thesis master's degree on the basis of my doctoral general examination, which I will take in the _____ semester.



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** ____