

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 (for students admitted before Summer 2020: **MASTER of ARTS in HISTORY of SCIENCE, TECHNOLOGY and MEDICINE**) M511

MAJOR: History of Science, Technology and Medicine

NAME: _____ **OU ID:** _____

Demonstrated competence in one approved foreign language is required.

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

REQUIRED COURSEWORK: 15 hours.

HSTM 5550	Topics In The History Of Science	3			
HSTM 5970	Seminar: Research, Criticism and Analysis	3			

Two of the following: At least 6 hours. If all three courses are taken, the third may count toward electives below.

HSTM 5513	Advanced Studies in the History of Ancient and Medieval Science				
HSTM 5523	Adv. Stds. In The History Of Renaissance & Early Modern Sci.				
HSTM 5533	Advanced Studies In The History Of Modern Science				

One of the following: At least 3 hours. If both courses are taken, the second may count toward electives below.

HSTM 5713	History of Medicine Seminar				
HSTM 5723	History of Technology Seminar				

ELECTIVES: 12 hours for thesis students, 17 hours for non-thesis students. Selected from the following options: HSTM 5550, 5960, 5613, 5623, 5990, or other approved graduate course (may be outside the department).

THESIS RESEARCH: 3 hours HSTM 5980 required for thesis students. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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TOTAL HOURS: 30 hours required for thesis degree
32 hours required for non-thesis degree

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

Language proficiency requirement was/will be fulfilled on: _____

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 2022**. Semester Admitted/Re-admitted: _____

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