

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

M700

MAJOR: Museum Studies (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 dual master's degree, enter Shared in this column.					

REQUIRED COURSEWORK: 15 hours.

MST 5113	The World of a Museum	3			
MST 5163	Museum Management and Leadership	3			
MST 5183	Collections Management	3			
MST 5073	Technology for Museum Professionals	3			
MST 5763	Capstone	3			

ELECTIVES: 18 hours.

Research Methods Guided Electives: 3 hours. Choose one of the following:

MST 5143	Research Methods				
MST 5083	Qualitative Research Methods				

Independent Project Guided Electives: 3 hours. Choose one of the following:

MST 5190	Museum Project				
MST 5920	Internship in Museum Studies				
MST 5930	Research Project in Museum Studies				

General Electives: Choose 12 hours (4 courses) of electives from a list maintained by the academic unit and approved by the Graduate College.

TOTAL HOURS:

33 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** ____