

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

M762/Q491

MAJOR: Organizational Leadership (Online)

CONCENTRATION: Organizational Leadership

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* For OU graduate courses including Extended Campus, Norman, and Tulsa, 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

CAS 5003	Introduction to Grad Studies	3			
OL 5013	Interdisciplinary Foundations for Leadership	3			
OL 5053	Research Methods in Organizations	3			
OL 5113	Theories of Management and Leadership	3			
OL 5133	Cultures of Organizations	3			
OL 5193	Creating, Leading, and Managing Change	3			

PROGRAM CONCENTRATION: Students will select a leadership concentration for 9 hours of focused study. Students will complete two required courses in their selected track and one additional track elective from a list of courses maintained by the academic unit and approved by the Graduate College.

OL 5223	Financial Leadership	3			
OL 5283	Building High Performance Teams	3			

COMPLETION: 6 hours required.

OL 5903	Experiential Leadership I	3			
OL 5953	Graduate Capstone in Organizational Leadership	3			

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

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