

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 SCIENCE

M800/Q546

MAJOR: Psychology

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, 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

PSY 5003	Psychological Statistics I	3			
PSY 5013	Psychological Statistics II	3			
PSY 5901	Foundations of Psychological Science I	1			
PSY 5911	Foundations of Psychological Science II	1			
PSY 6073	Experimental Design for Psychology	3			

DEPARTMENTAL ELECTIVES: At least 12 additional credit hours within the department of Psychology are required. Up to 3 of these 12 hours may be independent study (PSY 5960, PSY 5970, and/or PSY 5990). A student may petition the Psychology Graduate Studies Committee to approve up to 3 additional hours of independent study, for a total of no more than 6.

GENERAL ELECTIVES: 1-5 hours for thesis students, 9 hours for non-thesis students. Courses inside or outside of the department as approved by major professor and advisory committee.

THESIS RESEARCH: 2-6 hours PSY 5980 required for thesis students. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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](#).

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** ____