

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

M859

MAJOR: Strategic Communication and Digital Strategy

NAME: _____

OU ID: _____

The non-thesis degree is a coursework-only degree; a non-thesis examination is not 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 second degree (only for accelerated bachelor's/master's degrees or dual master's degrees), enter **Shared** in this column.

REQUIRED COURSEWORK: 33 hours.

JMC 5093	Introduction to Research Methods in Mass Communication	3			
JMC 5293	Professional Seminar in Strategic Communication	3			
JMC 5343	Digital Strategic Communication	3			
JMC 5813	Ethics of Strategic Communication	3			
JMC 5823	Cross-Cultural Communication	3			
JMC 5863	Marketing & Media Analytics	3			
JMC 5873	Strategic Planning & Brand Strategy	3			
JMC 5883	Digital Behavior	3			
JMC 5893	Management & Leadership	3			
JMC 5413	Crisis Communication	3			
JMC 5473	Social Media Marketing	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** ____