

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

M866, M867

MAJOR: Sustainable Architecture

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 second degree (only for dual master's degrees), enter **Shared** in this column.

REQUIRED COURSEWORK: 30 hours.

ARCH 5812	Human Centric Design: Equity and Comfort	2			
ARCH 5822	Foundations of Building Physics and Analysis	2			
ARCH 5832	Introduction to Building Performance Analysis	2			
ARCH 5842	Introduction to Research Methods for Analysis	2			
ARCH 5852	Sustainable Design and BIM Workflows	2			
ARCH 5862	Sustainable Urban Design	2			
ARCH 5872	LEED GA Exam	2			
ARCH 5882	WELL AP Exam	2			
ARCH 5892	LCCA and the Circular Economy	2			
ARCH 5902	Building Operations Management	2			
ARCH 5912	Sustainable Design Case Studies	2			
ARCH 5932	Sustainable Design Literature Reviews	2			
ARCH 5942	Case Study Research	2			
ARCH 5952	Comprehensive Exam	2			
ARCH 5962	Case Study Development and Presentation	2			

TOTAL HOURS:

30 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** ___