The UNIVERSITY *of* OKLAHOMA
GRADUATE COLLEGE

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* **ACCOUNTANCY**   F001

MAJOR: Accounting Accelerated, with Bachelor of Business Administration (Accounting)

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*

* 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 the bachelor's degree, enter **Shared** in this column.

Up to 5 hours of accounting or business electives may be shared with the bachelor's degree, dependent upon the student's proposed career track or interest. MIT 5602 and L S 5523 are recommended, but other appropriate courses may be applied as approved by the Graduate Liaison.

REQUIRED COURSEWORK: 9 hours.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
ACCT 5100	Accounting Professional Development	0			
ACCT 5113	Advanced Accounting	3			
ACCT 6553	Accounting Theory and Research	3			

Tax Course: ACCT 5703 Income Tax Accounting II or other appropriate 5000- or 6000-level tax course as determined by the Graduate Liaison.

		HOURS			
		3			

ACCOUNTING ELECTIVES: 12 hours of 5000- or 6000-level Accounting courses (except ACCT 5202 and ACCT 5212).

BUSINESS ELECTIVES: 12 additional hours of courses in B AD, ECON, ENT, FIN, L S, MGT, MIT, MKT, SCM or ACCT (maximum 3 hours in ACCT).

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 2019. Semester Admitted/Re-admitted: _____**

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