

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

F497

MAJOR: Global Studies Accelerated, with B.A. (International Studies)

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

Up to 12 hours may be shared with the bachelor's degree.

REQUIRED COURSEWORK: 12 hours.

IAS 5503	Theory and Practice of International Politics	3			
IAS 5703	International Studies Colloquium	3			
IAS 5713	Policy Analysis and Writing	3			
IAS 5003	U.S. Foreign Relations	3			

GLOBAL ECONOMICS: Students must complete 3 hours from a list of Global Economics courses provided by the department.

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AREA STUDIES: Students must complete 6 hours from a list of Area Studies courses provided by the department.

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LAW AND INSTITUTIONS: Students must complete 3 hours from a list of Law and Institutions courses provided by the department.

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GLOBAL SECURITY: Students must complete 3 hours from a list of Global Security courses provided by the department.

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ELECTIVES: 6 hours as approved by the graduate liaison. No more than 3 hours may be IAS 5990 Independent Study.

NON-THESIS CUMULATING EXERCISE: IAS 5723 required for non-thesis students.

IAS 5723	Global Policy Workshop				
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THESIS RESEARCH: 3 hours IAS 5980 required for thesis students. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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TOTAL HOURS: 36 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 **Fall 2019**. Semester Admitted/Re-admitted: _____

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