

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 PUBLIC ADMINISTRATION

F805/Q528

MAJOR: Public Administration Accelerated, with Bachelor of Arts (Political Science)

NAME: _____

OU ID: _____

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

REQUIRED COURSEWORK: 15 hours. 3 hours of P SC 5950 Research Problems may substitute for P SC 5963 at the discretion of the graduate liaison or program director, by petition only.

P SC 5003	Introduction to Public Administration	3			
P SC 5143	Program Evaluation and Applied Policy Analysis	3			
P SC 5363	Public Financial Management	3			
P SC 5913	Introduction to Analysis of Political and Administrative Data	3			
P SC 5963	Capstone in Public Administration				

CONCENTRATION: 9 hours within the general concentration, from a list approved by the graduate liaison and advisor.

ELECTIVES: 12 hours.

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** ____