

## 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 REGIONAL & CITY PLANNING

F817/Q224

**MAJOR:** Regional & City Planning Accelerated, with Bachelor of Science in Environmental Design

**NAME:** \_\_\_\_\_

**OU ID:** \_\_\_\_\_

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
* For OU graduate courses including Norman, Tulsa, Advanced Programs and Liberal Studies, 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 dual master's degree, enter <b>Shared</b> in this column.					

#### CORE COURSES

RCPL 5013	History and Theory of Urban Planning	3			Shared
RCPL 5463	Geographic Information Systems for Land Use Planning	3			Shared
RCPL 5113	Urban Planning Research Methods	3			Shared
RCPL 5173	Urban and Regional Analysis	3			Shared
RCPL 5203	Urban Land Use Controls	3			Shared
RCPL 5063	Planning with Diverse Communities	3			Shared

**One of the following** (either the single 5-hour course or the two-course sequence):

RCPL 5525	Comprehensive Regional and City Planning Project				
RCPL 5523	Comprehensive RCPL Project: Research and Plan Making				
RCPL 5522	Comprehensive RCPL Project: Reporting and Implementation				

#### ELECTIVE COURSES: 21 hours.


**TOTAL HOURS:**

44 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 2021. Semester Admitted/Re-admitted: \_\_\_\_\_

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