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* ARTS   F845

MAJOR: Sociology Accelerated, with Bachelor of Arts (Sociology)

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.					
SOC 5283, 5293, 5483, 5683, 5821, 5933, and one 3-hour graduate-level Sociology elective may be shared with the bachelor's degree.					

REQUIRED COURSEWORK: 16 hours.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
SOC 5283	Fundamentals of Sociological Statistics	3			
SOC 5293	Advanced Methods of Social Research	3			
SOC 5483	Advanced Regression Analysis	3			
SOC 5683	Categorical, Panel, and Advanced Statistical Analyses	3			
SOC 5821	Professionalization Seminar	1			
SOC 5933	Sociological Theory	3			

ELECTIVES: 15 hours. 12 or more hours must be housed in the Department of Sociology at the 5000-level or above. The remaining 3 hours of electives may be Directed Readings (5960), a cross-listed course housed outside the department or another course outside the department.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*

THESIS RESEARCH: 3 hours SOC 5980 required. **A completed *Master's Thesis Topic and Committee Membership* form must be attached.**

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
SOC 5980	Research for Master's Thesis				

TOTAL HOURS: [____]   34 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

GRADUATE PROGRAMS for ACADEMIC EXCELLENCE
EST. 1909
THE UNIVERSITY OF OKLAHOMA
GRADUATE COLLEGE

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 2020. Semester Admitted/Re-admitted: _____**

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