

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

M755

MAJOR: Human Resource Management

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* For OU graduate courses including Tulsa, Norman, 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 a dual master's degree, enter **Shared** in this column.

REQUIRED COURSEWORK

ODYN 5153	Design, Evaluation, and Statistics	3			
ODYN 5163	Applied Measurement and Analysis	3			
ODYN 5973	Proposing and Presenting Research	3			

Two of the following (6 hours):

ODYN 5113	The Psychology of Leadership				
ODYN 5123	Survey of Organizational Dynamics				
ODYN 5133	Teams and Motivation				

Human Resource Management: 12 hours from OLYN 5223, 5233, 5243, 5253, 5263, 5273, 5283, 5293, 5413, or other courses approved by the psychology department.

ALTERNATIVE TRACK: 6 hours from OLYN 5313, 5323, 5333, 5343, 5353, 5383, 5393, 5513, or other courses approved by the psychology department.

CAPSTONE PROJECT: 3 hours required only for students who will complete a capstone project.

ODYN 5183	Capstone Project				
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THESIS RESEARCH: 3 hours required only for thesis students. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

ODYN 5980	Research for Master's Thesis				
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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 2020**. Semester Admitted/Re-admitted: _____

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