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* **ARCHITECTURE**   F046

MAJOR: Architecture Accelerated, with Bachelor of Science in Architectural Studies

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 the bachelor's degree, enter **Shared** in this column.					
ARCH 5723, ARCH 5543, ARCH 5536, and one 3-hour research elective may be shared with the bachelor's degree.					
REQUIRED COURSEWORK					
ARCH 5543	Architectural Theory and Criticism	3			Shared
ARCH 5723	Methods VII – Advanced Systems	3			Shared
ARCH 5536	Graduate Architectural Design III	6			Shared
ARCH 5863	Methods VIII – Building Performance Analytics	3			
ARCH 5546	Graduate Architectural Design IV	6			
ARCH 6590	Professional Project Research	3			
ARCH 5923	Methods IX – Entrepreneurial Architect and Leadership	3			
ARCH 6956	Design IX – Comprehensive Architecture I	6			
ARCH 5333	Advanced Structures	3			
ARCH 5053	Methods X – Tools of Practice	3			
ARCH 6056	Design X – Comprehensive Architecture II	6			
Five research electives (3 hours each, for a total of 15 hours)**:**					
		3			
		3			
		3			
		3			
		3			

                                    TOTAL HOURS: [____]   60 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 **Fall 2016. Semester Admitted/Re-admitted: _____**

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