

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 SCIENCE (for students admitted before Summer 2020: **MASTER of SCIENCE in MANAGEMENT of INFORMATION TECHNOLOGY**) M659

MAJOR: Management of Information Technology

NAME: _____ **OU ID:** _____

The non-thesis degree is a coursework-only degree; a non-thesis examination is not required.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* 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 **Shared** in this column.

REQUIRED COURSEWORK: 6 hours.

MIT 5602	Management Information Systems	2			
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4 credit hours of additional required coursework from a list maintained by the department and approved by the Graduate Liaison.

MIT ELECTIVES: 10-13 hours of graduate level MIT courses as necessary to reach 32 hours for the degree.

GRADUATE ELECTIVES: 13 hours of graduate-level Business, MIT electives or other electives as approved by MIS Division.

THESIS RESEARCH: 3 hours MIT 5980 for thesis students only. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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TOTAL HOURS: 32 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 2016**. Semester Admitted/Re-admitted: _____

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