

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 BUSINESS ADMINISTRATION

M365

MAJOR: Energy Executive

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 Shared in this column.					

REQUIRED COURSEWORK

EMBA 5001	Global Perspectives in Energy	1			
EMBA 5012	Energy Policy and Regulations	2			
EMBA 5022	Accounting I	2			
EMBA 5031	Organizational Behavior	1			
EMBA 5042	Energy Economics	2			
EMBA 5052	Financial Markets and Securities	2			
EMBA 5062	Quantitative Methods and Models	2			
EMBA 5082	Strategic Management	2			
EMBA 5092	Accounting II	2			
EMBA 5101	Legal Institutions and Ethics	1			
EMBA 5111	Management Information Systems	1			
EMBA 5131	Alternative Energy: Power & Fuels	1			
EMBA 5141	Supply Chain	1			
EMBA 5152	Derivative Securities and Markets	2			
EMBA 5162	Energy Assets and Commodities Trading	2			
EMBA 5182	Enterprise Valuation, Mergers & Acquisitions, & Corporate Restructuring	2			
EMBA 5191	Marketing Strategy	1			
EMBA 5201	Leadership and Managing Change	1			
EMBA 5212	Economic Project Evaluation—Capstone	2			
EMBA 5222	Corporate Finance and Risk Management	2			
EMBA 5232	Energy Law	2			
EMBA 5242	Reserve Valuation and Reporting	2			
		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 **Summer 2017**. Semester Admitted/Re-admitted: _____

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