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* **PUBLIC ADMINISTRATION** M805

MAJOR: Public Administration   **CONCENTRATION:** _____

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 a dual master's degree, enter **Shared** in this column.

REQUIRED COURSEWORK: 15 hours. 3 hours of P SC 5950 Research Problems may substitute for P SC 5963 at the discretion of the graduate liaison or program director, <u>by petition only</u>.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
P SC 5003	Introduction to Public Administration	3			
P SC 5143	Program Evaluation and Applied Policy Analysis	3			
P SC 5363	Public Financial Management	3			
P SC 5913	Introduction to Analysis of Political and Administrative Data	3			
P SC 5963	Capstone in Public Administration				

CONCENTRATION: 9 hours in the selected area of concentration (General, Non-Profit Management, Public Policy, or Public Management), from a list approved by the graduate liaison and advisor.

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

ELECTIVES: 12 hours.

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

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 2019. Semester Admitted/Re-admitted: _____**

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