

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 ACCOUNTANCY

F011

MAJOR: Accounting Advanced Standing Accelerated, with Bachelor of Business Administration (Accounting)

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, 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 the bachelor's degree, enter **Shared** in this column.

Up to 12 hours of accounting or business electives may be shared with the bachelor's degree.

REQUIRED COURSEWORK: 9 hours.

ACCT 5100	Accounting Professional Development	0			
ACCT 5113	Advanced Accounting	3			
ACCT 6553	Accounting Theory and Research	3			

Tax Course: ACCT 5703 Income Tax Accounting II or other appropriate 5000- or 6000-level tax course as determined by the Graduate Liaison.

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ACCOUNTING ELECTIVES: 12 hours of any 5000- or 6000-level Accounting courses (except ACCT 5202 and ACCT 5212).

BUSINESS ELECTIVES: 12 additional hours of courses in ACCT, B AD, ECON, ENGB, ENT, FIN, L S, MGT, MIT, MKT, and SCM (maximum 3 hours in ACCT).

TOTAL HOURS: 33 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 2025**. Semester Admitted/Re-admitted: _____

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