

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

F253/Q224

MAJOR: Construction Management: Special Studies Accelerated, with Bachelor of Science in Environmental Design

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

REQUIRED COURSEWORK: 27 hours. CNS 5003 will be replaced by CNS 5523 if the student has taken CNS 1111 and CNS 2813 during the bachelor's degree. CNS 5003, CNS 5013, and CNS 5033 are fundamental courses for students without construction education or background – may be replaced with electives for students with sufficient construction education and/or experience, with approval of the graduate liaison.

		3			SHARED
		3			SHARED
CNS 5023	Research Methods in Planning, Design and Construction	3			SHARED
		3			SHARED
CNS 5333	Construction Data Analytics and Innovation	3			SHARED
CNS 5403	Leadership in the Construction Industry	3			SHARED
CNS 5133	BIM for Constructors	3			
CNS 5940	Construction Industry Practicum	3			

Choose either CNS 5303 OR CNS 5143:

		3			
--	--	---	--	--	--

RESEARCH COURSES: 5 hours.

CNS 5993	Special Studies Research	3			
CNS 5952	Special Studies Presentation	2			

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 2025**. Semester Admitted/Re-admitted: _____

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