

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

F263

MAJOR: Cybersecurity Leadership Accelerated, with Bachelor of Science in Cybersecurity

NAME: _____

OU ID: _____

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 graduate level courses that satisfy MS in Cybersecurity Leadership requirements can be shared between the BS and MS degrees.

REQUIRED COURSEWORK: 30 hours. Any cross-listed course must be taken under the CYBS prefix. Any slash-listed course must be taken at the graduate level.

CYBS 5113	Introduction to Cybersecurity Leadership	3			
CYBS 5213	Behavioral Cybersecurity	3			
CYBS 5233	Cybersecurity Ethics, Policy, and Law	3			
CYBS 5243	Threat Hunting and Incident Response	3			
CYBS 5253	Cybercrime and Cybersecurity	3			
CYBS 5303	Insider Threat and Risk Management	3			
CYBS 5483	Network Security & Resilience	3			
CYBS 5453	Cybersecurity in a Cloud Environment	3			
CYBS 5383	Trust in Artificial Intelligence	3			
CYBS 5963	Strategic Planning in Cybersecurity Practicum	3			
TOTAL HOURS:			30 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** ____