

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

F383/Q241

MAJOR: Entrepreneurship and Innovation (Online) Accelerated, with Bachelor of Business Administration in Entrepreneurship and Venture Management

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*
------------------------	-------------	-------	-------	-----------------	---------

* 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 8 hours of graduate coursework may be shared with the bachelor's degree, from a list approved by the Graduate College and maintained by the department.

REQUIRED COURSEWORK: 8 hours.

ENT 5102	Entrepreneurship & Innovation	2			
ENT 5182	Strategic New Venture Development	2			
ACCT 5202	Financial Accounting	2			
FIN 5102	Financial Management	2			

MAJOR ELECTIVES: Choose 22 hours of electives from a list maintained by the academic unit or seek additional approval from the department for a course outside of Price College of Business and approved by the Graduate College.

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** ____