

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

F435/Q005

AS for ACA

THE UNIVERSITY OF OKLAHOMA GRADUATE COLLEGE

WASTER OF SCI	ENCE				F455/Q005		
MAJOR: Finance	ce Accelerated, with Bachelor of Business Administration in Acco	ounting					
NAME:	E:			OU ID:			
The non-thesis d	egree is a coursework-only degree; a non-thesis examination is not require	ed.					
COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*		
•	courses including Norman, Tulsa, and Extended Campus, leave this column blank. Fo ion name in this column. For courses applied to the bachelor's degree, enter Shared in		•	ng OU Health Scie	ences Center courses),		
Up to 12 hours of g	raduate level courses from a list maintained by the department and approved by th	ne graduate	liaison may	be shared with tl	ne bachelor's degree.		
REQUIRED COURS	EWORK: 2 hours.						
FIN 5322	Financial Derivatives	2			shared		
	rrs from a list maintained by the Division of Finance and approved by the Gradua n the BBA and MS Finance programs.	ite College.	Up to 10 ho	ours of graduate	-level electives can		

TOTAL HOURS:		32 h	nours required	

____ semester. I hereby request approval of my program of I intend to graduate in the _ 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	ŕ
FOR GRADUATE COLLEGE USE ONLY:		
Program effective Summer 2023. Semester Admitted/Re-admitted	l:	
Date Checked:/ Timeline Begins:	Hours Required: OK Problem	