

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 M013							
MAJOR: Online Accounting							
NAME:			OU ID:				
The non-thesis degree is a coursework-only degree; a non-thesis examination is not required.							
COURSE PREFIX & NUMBER For OU graduate of	COURSE NAME courses including Norman, Tulsa, and Extended Campus, leave this column blan	HOURS	GRADE	SEMESTER & YEAR	CREDIT		
_	nstitution name in this column. For courses applied to a dual master's degree, enter \$			(moraumg oo me	antin Gorenioes Genter		
REQUIRED COURSEWORK: 9-27 hours. All courses marked with an asterisk are required unless approved for waiver based on undergraduate accounting background.							
ACCT 5232*	Financial Reporting Foundations						
ACCT 5242*	Financial Reporting for Assets and Investments						
ACCT 5252*	Financial Reporting for Liabilities and Equity						
ACCT 5222*	Fundamentals of Cost Accounting						
ACCT 5262*	Fundamentals of Income Taxation & Tax Accounting						
ACCT 5272*	Fundamentals of Taxation of Business & Employment Income						
ACCT 5282*	Fundamentals of Accounting Information Systems						
ACCT 5292*	Fundamentals of Internal Control						
ACCT 5302*	Fundamentals of Auditing						
ACCT 5113	Advanced Accounting						
ACCT 6553	Accounting Theory and Research						
Tax Course: ACCT 5	703 Income Tax Accounting II or other appropriate 5000- or 6000-level tax course as	determined	by the Gradi	uate Liaison.			
ACCOUNTING ELEC	TIVES: Choose 12 hours of 5000- or 6000-level Accounting courses (except ACCT 5202	and ACCT 5	212).				
BUSINESS ELECTIVES: Choose 12 hours of graduate courses in B AD, ECON, ENT, FIN, L S, MGT, MIT, MKT, SCM, or ACCT (maximum 3 hours of ACCT coursework).							
	TOTAL HOURS:		33-5	51* hours require	d		
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 <u>Graduate College Bulletin</u> .			TC TXCELLENCE				
Student Signature Date			EST. 1909				
				THE UNIV	ERSITY OF OKLAHOMA UATE COLLEGE		

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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 2024. Semester Admitted/Re-admitted:				
Date Checked:/ 1	Timeline Begins: Hours Required: OK Problem				

*Requirement may be waived with prior coursework from an accredited institution. Waiver may be granted as appropriate for students with relevant accounting background from previous coursework. Total hours for the degree will vary depending on the amount of coursework approved.

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