The UNIVERSITY of OKLAHOMA
GRADUATE COLLEGE

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* **ARTS**   M073

MAJOR: Arts Management (Online)

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 a dual master's degree, enter **Shared** in this column.

CORE COURSES: 18 hours.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
AMGT 5013	Overview of Arts Management and Entrepreneurship	3			
AMGT 5033	Entrepreneurial Mindset in the Arts	3			
AMGT 5223	Marketing in the Arts	3			
AMGT 5233	Financial Management and Budgeting in the Arts	3			
AMGT 5263	Fundraising and Development in the Arts	3			
AMGT 5243	Leadership and Strategic Thinking in the Arts	3			

FINE ARTS ELECTIVES: Students will choose 6 credit hours from a department-maintained list of approved courses.

PRACTICUM ELECTIVES: Students will choose 6 credit hours from a department-maintained list of approved courses.

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 2024. Semester Admitted/Re-admitted: _____**

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