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* **SCIENCE**   M260

MAJOR: Criminal Justice

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.

REQUIRED COURSES

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
CAS 5003	Introduction to Grad Studies	3			
CRJU 5013	Interdisciplinary Foundations for Criminal Justice	3			
CRJU 5063	Research Methods for Criminal Justice	3			
CRJU 5113	Theoretical Foundations of Criminal Justice	3			
CRJU 5133	Criminal Justice Policy Development	3			
CRJU 5153	Ethical Decision Making in Criminal Justice	3			

ELECTIVES: 9 hours of graduate electives from a list maintained by the academic unit and approved by the Graduate College.

RESEARCH: 6 hours of CAS 5940 Research Project.

TOTAL HOURS: [____]   33 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