

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**

M383

MAJOR: Entre	preneurship and Innovation (Online)					
NAME:			OU ID:			
The non-thesis d	egree is a coursework-only degree; a non-thesis examin	ation is not require	ed.			
COURSE PREFIX & NUMBER	COURSE NAME		HOURS	GRADE	SEMESTER & YEAR	CREDIT*
-	courses including Norman, Tulsa, and Extended Campus, leave i ion name in this column. For courses applied to a dual master's				ng OU Health Scie	nces Center courses),
REQUIRED COURS	EWORK: 8 hours.					
ENT 5102	Entrepreneurship & Innovation		2			
ENT 5182	Strategic New Venture Development		2			
ACCT 5202	Financial Accounting		2			
FIN 5102	Financial Management		2			
	Choose 22 hours of electives from a list maintained by the ollege of Business and approved by the Graduate College.	academic unit or see	ek addition	al approval	from the departi	ment for a course
		TOTAL HOURS:	1	30 h	ours 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 <i>Graduate College Bulletin</i> . Student Signature Date						
I have reviewed	the above-named student's proposed program of st	udy and I recomn	nend appr	oval.		EST. 1909 Versity of oklahoma DUATE COLLEGE
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