

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

M587

MAJOR: Interior Design (First Professional)

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* 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 second degree (only for accelerated bachelor's/master's degrees or dual master's degrees), enter **Shared** in this column.

PREREQUISITE LEVELING COURSES: For slashlisted courses, students must enroll in the 5000-level section.

I D 5523	Graduate Studio I	3			
I D 5533	Graduate Studio II	3			
I D 5534	Graduate Studio III	4			
I D 5544	Graduate Studio IV	4			
I D 5763	Graduate Interior Design Computer Application	3			
I D 5773	Graduate Interior Construction	3			
I D 5793	Interior Materials and Specifications	3			
I D 5573	Interior Lighting	3			
I D 5564	Graduate Studio V	4			

CORE COURSES

I D 5123	Environment and Human Behavior	3			
I D 5163	Design Computation Visualization and Analysis	3			
I D 5343	Indoor Environmental Quality	3			
I D 5413	Indoor Controls and Technology	3			
ARCH 5463	Advanced Sustainable and Resilient Systems	3			

I D 5143 Design Theory Analysis and Evaluation or ARCH 5543 Architectural Theory and Criticism:

		3			
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I D 5133 Research Methods or any research methods course offered in the Gibbs College of Architecture with the approval of the graduate liaison:

		3			
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I D 5463 Interior Design Office Professional Practice or ARCH 5053 Methods X – Tools of Practice:

		3			
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ID 5940 Field Work or Research Elective: 3 hours.

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PROJECT: 6 hours I D 5950 Masters of Science in Interior Design Project

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TOTAL HOURS: 63 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** _____