

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

M588

MAJOR: Interior Design (Post Professional)

NAME: _____

OU ID: _____

ID 5793 Interior Materials and Specifications may be required as a prerequisite course requirement for students with undergraduate degrees from non-CIDA accredited Interior Design programs or a related field. If ID 5793 is identified as a prerequisite at admission, it cannot be applied toward the MSID degree.

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.

REQUIRED COURSEWORK

ID 5123	Environment and Human Behavior	3			
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One of the following (3 hours):

ID 5133	Research Methods				
RCPL 5113	Urban Planning Research Methods				

One of the following (3 hours):

ID 5143	Design Theory Analysis and Evaluation				
ARCH 5543	Architectural Theory and Criticism				

GUIDED ELECTIVES: 12 hours. With approval of the graduate liaison, other graduate-level coursework may be substituted for these courses based on undergraduate degree or professional background

ID 5940 Field Work or Research Elective (3 hours):

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Research Elective (3 hours. Non-thesis students only):

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PROJECT/THESIS: 6 hours. ID 5950 Masters of Science in Interior Design Project (non-thesis) or ID 5980 Research for Master's Thesis (thesis). For thesis students, a completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

TOTAL HOURS: 30 hours required for thesis degree
33 hours required for non-thesis degree

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 2022. Semester Admitted/Re-admitted: _____

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