

**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 LANDSCAPE ARCHITECTURE**

M621

**MAJOR:** Landscape Architecture via B.L.A.

**NAME:** \_\_\_\_\_

**OU ID:** (11x-xx-xxxx) \_\_\_\_\_

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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\* For OU graduate courses including Norman, Tulsa, Advanced Programs and Liberal Studies, 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 COURSEWORK**

L A 5535	Landscape Architecture Intermediate Graduate Studio III	5			
L A 6643	Urban Design Theory	3			
L A 5402	Res Methods Landscape Arch	2			
L A 5545	Landscape Architecture Intermediate Graduate Studio IV	5			
L A 5950	Graduate Project Proposal	2			
L A 6950	Applied Research in Landscape Architecture	2			
RCPL 5525	Comprehensive Regional and City Planning Project	5			
L A 6595	Graduate Project	5			

**Environmental Advised Requirement:** 3 hours from approved list.

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**Advanced Professional Electives:** 15 hours minimum. Five courses.


**TOTAL HOURS:**

47 hours required

I intend to graduate in the      (sem.)      (yr.) 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 **Summer 2009**. Semester Admitted/Re-admitted: \_\_\_\_\_

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