

**University of Louisville
College of Education and Human Development**

Master of Science in Human Resources and Organizational Development

Instructions: Please complete this new program sheet for review and record with your new advisor. It will be important to get an update form on file and to schedule a meeting with your new advisor if you have questions.

Your Full legal Name			Student ID#	Email Address
Full Mailing Address			City	State
			Zip Code	Phone Number

Initial Assessment:

- Admitted to CEHD, including submission of official transcript(s).
- General Education Program Plan signed by CEHD Advisor
- Guidelines for Self-Assessment and Program Portfolio obtained

COURSE PREFIX	COURSE NUMBER	COURSE TITLE	CREDIT HOURS	TENTATIVE SEMESTER OFFERED	HOURS EARNED	GRADE EARNED
Core Courses: (18 Hours) You must take all 6 of the Core Courses						
LEAD	605	Leadership in Human Resource and Organizational Development	3			
LEAD	611	Strategic Human Resources	3			
LEAD	617	Evidenced-Based Research in Human Resource & Organizational Dev.	3			
LEAD	661	Adult and Organizational Learning	3			
LEAD	662	Organizational Analysis	3			
LEAD	616	Human Resource and Organizational Development Integrative Capstone	3			
Elective Classes (12 hours) Choose a Combination of the Below Classes. Must Equal 12 Hours/4 Classes						
LEAD	578	Ethics in the Workplace	3			
LEAD	614	Program and Organization Evaluation	3			
LEAD	612	Talent Acquisition and Management	3			
LEAD	624	Global Human Resource Development	3			
LEAD	631	Performance Management and Rewards	3			
LEAD	660	Diversity and Inclusion	3			
LEAD	663	Methods of Facilitation	3			
LEAD	664	Organizational Change and Consulting	3			
LEAD	671	Performance Improvement	3			
LEAD	672	Instructional Design and Development	3			
LEAD	674	Advanced Leadership Theory	3			
LEAD	696	Special Topics in Human Resource and Organizational Development	3			
			Minimum total hours:	30		

THIS PROGRAM SHEET MUST BE SIGNED BY THE ADVISOR AND THE STUDENT AND SUBMITTED TO THE GRADUATE STUDENT SUCCESS OFFICE BEFORE THE STUDENT CAN BE ADMITTED TO THIS PROGRAM.

Student _____ Date _____ Advisor _____ Date _____

Copy to: GSS Student. Advisor. Dept.
This is the official program sheet and is not to be altered. Associate Dean for Programs, CEHD