

**UNIVERSITY of ARKANSAS
OPERATIONS MANAGEMENT DEPARTMENT
FOCUS AREA REQUEST FORM**

STUDENT NAME: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: _____

EMAIL: _____

FOCUS AREA

- Business Management
- Industrial Management
- Human Resource Management
- Safety and Healthcare Management

Mark only the courses completed for the requested Focus Area: (* indicates required course in that focus area)

<input type="checkbox"/>	OMGT-4303	H, I, S*	<input type="checkbox"/>	OMGT-5223	I, S
<input type="checkbox"/>	OMGT-4583	I	<input type="checkbox"/>	OMGT-5303	H, S*
<input type="checkbox"/>	OMGT-4613	I	<input type="checkbox"/>	OMGT-5373	I
<input type="checkbox"/>	OMGT-4623	B, H, S	<input type="checkbox"/>	OMGT-5423	B, I
<input type="checkbox"/>	OMGT-4783	I	<input type="checkbox"/>	OMGT-5433	B, I
<input type="checkbox"/>	OMGT-4873	I	<input type="checkbox"/>	OMGT-5463	B, I
<input type="checkbox"/>	OMGT-5003		<input type="checkbox"/>	OMGT-5503	I
<input type="checkbox"/>	OMGT-5013	B, I	<input type="checkbox"/>	OMGT-5733	H, S
<input type="checkbox"/>	OMGT-5113	B, H*, S	<input type="checkbox"/>	OMGT-577V	B*, H*, I*, S*
<input type="checkbox"/>	OMGT-5123	B*, H, I, S	<input type="checkbox"/>	OMGT-5823	B
<input type="checkbox"/>	OMGT-5133	B, I	<input type="checkbox"/>	OMGT-5873	B, H, S
<input type="checkbox"/>	OMGT-5143	H			

OMGT 577V Special Problems Title: _____

Instructor Name: _____

(Include the approved proposal form)

For Office Use Only

FOCUS AREA APPROVED: _____

DATE _____

Date award document mailed: _____