

## 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**

F267/Q449

**MAJOR:** Data Science and Analytics Accelerated, with Bachelor of Science in Meteorology

**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 the bachelor's degree, enter **Shared** in this column.

**DSA 5005, G4513, G4413, and 5021 may be shared with the bachelor's degree.**

**REQUIRED COURSEWORK:** 18-21 hours.

DSA 5005	Computing Structures	5			Shared
DSA 5021	Data Analytics Applied to Meteorology Data	1			Shared
DSA G4413	Algorithm Analysis	3			Shared
DSA 5113	Advanced Analytics and Metaheuristics	3			
DSA G4513	Database Management Systems	3			Shared
DSA 5103	Intelligent Data Analytics	3			

**Statistical Course:** Students who have not taken METR 3323 or MATH 4753 are required to take the DSA 5013 core course.

DSA 5013	Fundamentals of Engineering Statistical Analysis				
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**ELECTIVES:** 8-11 hours from DSA, METR, ISE, or C.S.


**PRACTICUM:** 4 hours DSA 5900 required.

DSA 5900	Professional Practice				
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**TOTAL HOURS:**

33 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 2019**. Semester Admitted/Re-admitted: \_\_\_\_\_

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