

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 (for students admitted before Sum 2020: **MASTER of SCIENCE in NATURAL GAS ENGINEERING and MANAGEMENT**) M745, M746

MAJOR: Natural Gas Engineering and Management

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 a dual master's degree, enter **Shared** in this column.

REQUIRED COURSEWORK

P E 5603	Introduction to Natural Gas Engineering and Management	3			
P E 5613	Natural Gas Engineering	3			
P E 5623	Natural Gas Processing	3			
P E 5663	Natural Gas Utilization	3			
P E 5643	Natural Gas Finance - Valuation and Investment	3			
P E 5653	Natural Gas Finance - Trading and Risk Management	3			

APPROVED ELECTIVES: 6 hours for thesis students, 18 hours for non-thesis students.

THESIS RESEARCH: 6 hours 5980 required for thesis students. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

TOTAL HOURS:

30 hours required for thesis degree
36 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 **Summer 2020**. Semester Admitted/Re-admitted: _____

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