

## 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 Summer 2020: **MASTER of SCIENCE in TELECOMMUNICATIONS ENGINEERING**) M860/Q651

**MAJOR:** Telecommunications Engineering

**CONCENTRATION:** Non-thesis Track

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

**OU ID:** \_\_\_\_\_

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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\* For OU graduate courses including Tulsa, Norman, 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

Each student must satisfactorily complete a comprehensive professional project constituted by satisfactory completion of TCOM 5671 and TCOM 5682. A successful defense of the project is part of the oral comprehensive examination. TCOM 5671 and TCOM 5682 cannot be taken during the same semester.

TCOM 5533	Telecommunications Industry Overview	3			
TCOM 5543	Telecom Network Design and Management	3			
TCOM 5272	Telecommunications Laboratory	2			
TCOM 5553	Telecommunications Technology	3			
TCOM 5671	Professional Project Proposal Development	1			
TCOM 5682	Professional Project	2			

### ELECTIVES

**Technical Electives:** 12 hours from telecommunications, electrical and computer engineering, mathematics, and/or computer science.


**General Electives:** 6 hours.


**TOTAL HOURS:**

32 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 **Summer 2017**. Semester Admitted/Re-admitted: \_\_\_\_\_

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