

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 M350/Q211
MAJOR: Electrical and Computer Engineering **CONCENTRATION:** Standard

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.

At least 12 hours of ECE coursework at the 5000 level or higher are required.
All coursework must be G4000 level or higher, or from a list of approved non-ECE G3000 courses.
No more than 12 hours may be below the 5000 level. No more than 9 hours below the 5000 level may be ECE coursework.
Students must enroll in the ECE section for any cross-listed course. Students must enroll in the graduate section for any slash-listed course.
No more than 6 hours of ECE 5990 may be applied to the degree. ECE 5973 and 5283 each have an individual maximum of 12 hours.

Math/Physics: Non-thesis only. At least 3 hours in either math or physics.

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Additional Coursework: 24 hours for thesis students, 30 hours for non-thesis students.

THESIS RESEARCH: 6 hours ECE 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 33 hours required for non-thesis degree
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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](#).

No Yes

I am also enrolled as a doctoral student, and I wish to receive the non-thesis master's degree on the basis of my doctoral general examination, which I will take in the _____ semester.



 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 2021**. Semester Admitted/Re-admitted: _____

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