

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

F235/Q146

MAJOR: Computer Science Accelerated, with Bachelor of Science in Computer Science

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.

Up to 12 hours may be shared with the bachelor's degree.

REQUIRED COURSEWORK: 18 hours.

C S G4413 Algorithm Analysis or equivalent, as approved by the graduate liaison.

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C S G4513 Database Management Systems or equivalent, as approved by the graduate liaison.

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Four courses (12 hours) selected from an approved list of courses maintained by the School of Computer Science.

ELECTIVES: 6 hours for thesis students, 15 hours for non-thesis students. Any C S graduate class (subject to restrictions below) including MATH 5743, MATH G4753, MATH G4073, or ECE G4000 or higher (as approved by the Computer Science graduate liaison). Other courses outside C S require prior approval of the graduate liaison.

Restrictions: No more than 3 hours C S coursework at the G4000 level. No more than 3 hours C S 5990 (students who have the graduate liaison's approval to complete a project option may take 6 hours). No more than 6 hours C S 5973, even with change in subject.

THESIS RESEARCH: 6 hours C S 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

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** ____