

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/Q652

MAJOR: Telecommunications Engineering

CONCENTRATION: Thesis Track

NAME: _____

OU ID: _____

| COURSE PREFIX & NUMBER | COURSE NAME | HOURS | GRADE | SEMESTER & YEAR | CREDIT* |
|---|-------------|-------|-------|-----------------|---------|
| * 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

| | | | | | |
|-----------|---------------------------------------|---|--|--|--|
| TCOM 5533 | Telecommunications Industry Overview | 3 | | | |
| TCOM 5543 | Telecom Network Design and Management | 3 | | | |
| TCOM 5272 | Telecommunications Laboratory | 2 | | | |
| TCOM 5553 | Telecommunications Technology | 3 | | | |

ELECTIVES

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

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General Electives: 3 hours.

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

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|-----------|------------------------------|--|--|--|--|
| TCOM 5980 | Research for Master's Thesis | | | | |
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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** _____