

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

F026

MAJOR: Applied Artificial Intelligence Accelerated, with Bachelor of Science in Applied Artificial Intelligence

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 of 5000-level courses may be shared with the bachelor's degree. Options include AAI 5303, AAI 5323, and graduate electives AAI 5113, AAI 5333, SDI 5103, and SDI 5213.

CORE COURSES: 12 hours.

AAI 5103	Natural Language Processing	3			
AAI 5303	Deep Learning	3			
AAI 5323	Ethics of AI and Machine Learning	3			
AAI 5313	Deep Learning II	3			

ELECTIVES: 12-15 hours for thesis students. 15 hours for non-thesis students. From a list of courses (maximum of 6 hours may be chosen from Open Electives list) maintained by the department and approved by the Graduate College, or additional hours from the core courses.

PRACTICUM: For non-thesis students only.

AAI 5903	Master's Practicum				
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THESIS RESEARCH: 3-6 hours required for thesis students. A completed [Master's Thesis Topic and Committee Membership form](#) must be submitted.

AAI 5980	Research for Master's Thesis				

TOTAL HOURS:

30 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 **Fall 2025**. Semester Admitted/Re-admitted: _____

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