The UNIVERSITY of OKLAHOMA
GRADUATE COLLEGE

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 F188/Q698

MAJOR: Civil Engineering accelerated, with BS in Architectural Engineering **CONCENTRATION:** Water Resources Engineering

NAME: _____ **OU ID:** 11x-xx-xxxx

The non-thesis degree is a coursework-only degree; a non-thesis examination is not required.

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

* 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.

Students may share up to 9 hours with the bachelor's degree.

REQUIRED COURSEWORK: 10 hours for thesis students, 9 hours for non-thesis students.

CEES 4123G	Open Channel Flow	3			
CEES 5843	Hydrology	3			
CEES 5853	Groundwater and Seepage	3			

Required for thesis students only:

CEES 5021	Technical Communications				

ELECTIVE COURSES: 15 hours for thesis students, 21 hours for non-thesis students. Choose from a list of MSCE electives maintained by the department and approved by the Graduate College. Accelerated students may share CEES 4333G, CEES 4753G and one additional elective with the bachelor's degree.

THESIS RESEARCH: 5 hours required for thesis students. **A completed *Master's Thesis Topic and Committee Membership* form must be attached.**

TOTAL HOURS: _____ 30 hours required

I intend to graduate in the (sem.) (yr.) 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 2023. Semester Admitted/Re-admitted:** _____

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