

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

F190/Q282

MAJOR: Civil Engineering accelerated, with BS in Civil Engineering

CONCENTRATION: Geotechnical Engineering

NAME: _____

OU ID: _____

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*
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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.

Students may share up to 9 hours with the bachelor's degree. Courses may include CEES 4253, CEES 4333, CEES 4453, CEES 4753, and one professional elective.

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

CEES 4333G	Foundation Engineering	3			
CEES 5343	Advanced Soil Mechanics	3			
CEES 5433	In-Situ Soil Testing	3			

Required for thesis students only:

CEES 5021	Technical Communications				
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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.

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 _____ 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 2024**. Semester Admitted/Re-admitted: _____

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