

**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**

F191/Q699

**MAJOR:** Civil Engineering accelerated, with BS in Civil Engineering

**CONCENTRATION:** Water Resources Engineering-OL

**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 a second degree (only for dual master's degrees), enter **Shared** in this column.

Students may share up to 6 hours with the bachelor's degree.

**REQUIRED COURSEWORK:** 30 hours.

ENGR 4223G	Fundamentals of Project Management	3			
CEES 5853	Groundwater and Seepage	3			
ENGR 4013G	Leadership and Management for Engineers	3			
METR 5633	Hydrometeorology	3			
CEES 5583	Water Law	3			
CEES 4123G	Open Channel Flow	3			
CEES 5373	Water Resources Systems Modeling	3			
CEES 5843	Hydrology	3			

Choose one of the following: Either GIS 5013 or any CEES 5000-level elective course.

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Choose one of the following:

CEES 5963	Water Security				
CEES 5813	Water Treatment, Reuse, and Health Impacts				

**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 **Summer 2023**. Semester Admitted/Re-admitted: \_\_\_\_\_

Date Checked: \_\_\_\_/\_\_\_\_/\_\_\_\_ | Timeline Begins: \_\_\_\_ | Hours Required: \_\_\_\_ | **OK** \_\_\_\_ **Problem** \_\_\_\_