

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

F847

MAJOR: Software Development and Integration Accelerated, with Bachelor of Science in Software Development and Integration

NAME: _____

OU ID: _____

| 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.

REQUIRED COURSEWORK: Minimum of 12 hours of core SDI courses from the following:

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|----------|--|---|--|--|--------|
| SDI 5103 | Software Project Management | 3 | | | SHARED |
| SDI 5113 | Real Time Systems | | | | |
| SDI 5123 | Software Testing and Quality Assurance | | | | |
| SDI 5133 | Algorithms II | 3 | | | SHARED |
| SDI 5213 | DevOps – CI/CD | 3 | | | SHARED |
| SDI 5233 | Process Automation | | | | |
| SDI 5313 | Data Analytics | 3 | | | SHARED |
| SDI 5403 | Advanced Web Systems | | | | |

ELECTIVES: 0-15 hours for thesis students. 3-15 hours for non-thesis students. Chosen 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.

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PRACTICUM: Non-thesis students only.

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

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| SDI 5980 | | | | | |
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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** ____