

**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 ENVIRONMENTAL SCIENCE**

M518/Q703

**MAJOR:** Hydrology and Water Security

**CONCENTRATION:** Water Quantity

**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 accelerated bachelor's/master's degrees or dual master's degrees), enter **Shared** in this column.

**REQUIRED COURSEWORK:** 24 hours.

ENGR 4223G	Fundamentals of Project Management	3			
CEES 5583	Water Law	3			
CEES 5733	Hydroclimatology	3			
GIS 5013	Fundamentals of Geographic Information Systems	3			
METR 5633	Hydrometeorology	3			
CEES 5373	Water Resources Systems Modeling	3			
CEES 5843	Hydrology	3			
CEES 5853	Groundwater and Seepage	3			

**TRACK ELECTIVE:** 3 hours. Chosen from a list maintained by the department and approved by the Graduate College.

		3			
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**FREE ELECTIVE:** 3 hours. Chosen from a list maintained by the department and approved by the Graduate College.

		3			
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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 **Summer 2023**. Semester Admitted/Re-admitted: \_\_\_\_\_

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