

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

F160

MAJOR: Chemical Engineering Accelerated, with Bachelor of Science in Chemical Engineering

NAME: _____

OU ID: _____

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.

Up to 13 hours of graduate level CH E and/or science, math, engineering, or technical courses (as approved by the graduate liaison) may be shared with the bachelor's degree.

REQUIRED COURSEWORK: 12-13 hours.

CH E 5843	Advanced Chemical Engineering Thermodynamics	3			
CH E 5183	Graduate Transport Phenomena	3			
CH E 6723	Advanced Kinetics and Reaction Engineering	3			

Seminar: 3-4 hours CH E 5971. No more than 4 hours may be applied to the degree.

CH E 5971	Seminar in Chemical Engineering Research	1			
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CH E 5971	Seminar in Chemical Engineering Research	1			

CHEMICAL ENGINEERING ELECTIVES: 5-6 hours advanced CH E courses as approved by the graduate liaison.

SCIENCE, MATH OR ENGINEERING ELECTIVES: 6-7 hours advanced science, math, engineering, or technical courses as approved by the graduate liaison.

THESIS RESEARCH: 6 hours required. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

CH E 5980	Research for Master's Thesis				

TOTAL HOURS: 30-31 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 2020**. Semester Admitted/Re-admitted: _____

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