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/Q118

MAJOR: Civil Engineering Accelerated, with Bachelor of Science in Civil 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*

* For OU graduate courses including Norman, Tulsa, Advanced Programs and Liberal Studies, 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.

COURSEWORK: 24 hours minimum for thesis students, 32 hours minimum for non-thesis students. Accelerated students may share 6 hours of graduate-level electives with the bachelor's degree, as approved by their advisor.

Courses must be selected based on the guidelines outlined in the CEES Guide for Graduate Students, and the discipline-specific criteria maintained by the School of Civil Engineering and Environmental Science.

THESIS RESEARCH: 5-6 hours CEES 5980 required for thesis students only. **A completed *Master's Thesis Topic and Committee Membership* form must be attached.**

TOTAL HOURS: [ ]   30 hours required for thesis degree
32 hours required for non-thesis degree

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 2017. Semester Admitted/Re-admitted: _____**

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