The UNIVERSITY of OKLAHOMA
GRADUATE COLLEGE

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   F189/Q658

MAJOR: Civil Engineering accelerated, with BS in Architectural Engineering   **CONCENTRATION:** Transportation 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*
* 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.					

Students may share up to 3 hours with the bachelor's degree.

REQUIRED COURSEWORK: 30 hours.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
ENGR 4223G	Fundamentals of Project Management	3			
CEES 5653	Advanced Mechanics of Materials	3			
ENGR 4013G	Leadership and Management for Engineers	3			
GIS 5013	Fundamentals of Geographic Information Systems	3			
CEES 5523	Transportation Asset Management	3			
CEES 5503	Highway Engineering	3			
CEES 5693	Structural Design of Pavements	3			
DSA 5013	Fundamentals of Engineering Statistical Analysis	3			
CEES 5513	Traffic Engineering	3			
CEES 5533	Multimodal Transportation	3			
	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** ____