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**   F267/Q449

MAJOR: Data Science and Analytics Accelerated, with Bachelor of Science in Meteorology

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.					
DSA 5005, 5113, G4413, and 5021 may be shared with the bachelor's degree.					

REQUIRED COURSEWORK: 18-21 hours.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
DSA 5005	Computing Structures	5			Shared
DSA 5021	Data Analytics Applied to Meteorology Data	1			Shared
DSA G4413	Algorithm Analysis	3			Shared
DSA 5113	Advanced Analytics and Metaheuristics	3			Shared
DSA G4513	Database Management Systems	3			
DSA 5103	Intelligent Data Analytics	3			

Statistical Course: Students who have <u>not</u> taken METR 3323 or MATH 4753 are required to take the DSA 5013 core course.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
DSA 5013	Fundamentals of Engineering Statistical Analysis				

ELECTIVES: 8-11 hours from DSA, METR, ISE, or C S.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*

PRACTICUM: 4 hours DSA 5900 required.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
DSA 5900	Professional Practice				

TOTAL HOURS: _____   33 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** _____