

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

F529

MAJOR Industrial and Systems Engineering Accelerated, with Bachelor of Science in Industrial and Systems Engineering—Analytics

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.

REQUIRED COURSES: 9 hours.

ISE 5383	Systems Evaluation	3			Shared
ISE 5853	Data-Driven Decision Making	3			Shared

Choose one of the following:

ISE 5033	Systems Engineering				
ISE 5813	Advanced Human Factors and Ergonomics				

ELECTIVES: From a list maintained by the department and approved by the Graduate College. 15 hours required for thesis students (6 must be in ISE), 21 hours required for non-thesis students (12 must be in ISE). Up to 9 hours may be non-ISE.

THESIS RESEARCH: 6 hours ISE 5980 required for thesis students. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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** ____