

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

M267, M268

MAJOR: Data Science and 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 a dual master's degree, enter **Shared** in this column.

CORE DSA COURSES: 20 hours. DSA/C S 5005 Computing Structures, DSA/C S 4513 Database Management Systems, DSA/C S 4413 Algorithm Analysis, DSA/ISE 5013 Fundamentals of Engineering Statistical Analysis, DSA/ISE 5103 Intelligent Data Analytics, and DSA/ISE 5113 Advanced Analytics and Metaheuristics. Core courses may be replaced with additional graduate electives at the discretion of the graduate liaison.

ELECTIVES: 3 hours for thesis students, 9 hours for non-thesis students. C S, ISE, or DSA electives, or others as approved by the graduate liaison.

INTERNSHIP/PRACTICUM: 1 hour for thesis students, 4 hours for non-thesis students.

DSA/ENGR 5900	Professional Practice/Engineering Professional Practice				
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THESIS RESEARCH: 6 hours DSA, C S, or ISE 5980 required for thesis students. [Master's Thesis Topic and Committee Membership form](#) must be attached.

TOTAL HOURS: 30 hours required for thesis degree
33 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 **Spring 2021**. Semester Admitted/Re-admitted: _____

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