

## 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**

M160

**MAJOR:** Chemical Engineering

**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 a dual master's degree, enter <b>Shared</b> in this column.					

**REQUIRED COURSEWORK:** 12-13 hours.

CH E 5843	Advanced Chemical Engineering Thermodynamics	3			
CH E 5183	Graduate Transport Phenomena	3			
CH E 6723	Advanced Kinetics and Reaction Engineering	3			

**Seminar:** 3-4 hours CH E 5971. No more than 4 hours may be applied to the degree.

CH E 5971	Seminar in Chemical Engineering Research	1			
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**CHEMICAL ENGINEERING ELECTIVES:** 5-6 hours advanced CH E courses as approved by the graduate liaison.


**SCIENCE, MATH OR ENGINEERING ELECTIVES:** 6-7 hours advanced science, math, engineering, or technical courses as approved by the graduate liaison.


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

CH E 5980	Research for Master's Thesis				

**TOTAL HOURS:**  30-31 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 2020**. Semester Admitted/Re-admitted: \_\_\_\_\_

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