

**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**

M372

**MAJOR:** Engineering Physics

**NAME:** \_\_\_\_\_

**OU ID:** \_\_\_\_\_

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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\* For OU graduate courses including Norman, Tulsa, Advanced Programs and Liberal Studies, 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.

**REQUIRED COURSEWORK:** The balance of courses must be appropriate for the degree and approved by the Graduate Liaison and the Advisory Committee.

**Physics:** 9 hours required for thesis students whose advisor is in Physics. 12 hours required for non-thesis students and thesis students whose advisor is in Engineering.


**Engineering:** 9 hours required for thesis students whose advisor is in Engineering. 12 hours required for non-thesis students and thesis students whose advisor is in Physics.


**ELECTIVES**


**THESIS RESEARCH:** 2-4 hours EPHY 5980 required for thesis students. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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**TOTAL HOURS:**

30 hours required for thesis degree  
32 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*.

No  Yes

*I am also enrolled as a doctoral student, and I wish to receive the non-thesis master's degree on the basis of my doctoral general examination, which I will take in the \_\_\_\_\_ semester.*



\_\_\_\_\_  
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 2014**. Semester Admitted/Re-admitted: \_\_\_\_\_

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