

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

M470

MAJOR: Geological Engineering

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—Students may apply only 3 credit hours of S/U-graded courses (excluding thesis) toward the M.S. in Geological Engineering.

Two of the following (6 hours):

G E 5143	Fluid Flow in Porous Media				
G E 5243	Introduction to Rock Mechanics				
G E 6263	Advanced Rock Mechanics I				

One of the following (3 hours):

MATH G4163	Introduction to Partial Differential Equations				
P E 5563	Mathematical Simulation Models				
AME 5763	Introduction to the Finite Element Method				

2 credit hours, or 1 credit hour each, of P E 5971 and/or G E 5990 Special Studies:

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Approved Electives: 15 hours for thesis students (with at least 9 hours in PGE), 25 hours for non-thesis students (with at least 18 hours in PGE).

THESIS RESEARCH: 4 hours G E 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
36 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 2005**. Semester Admitted/Re-admitted: _____

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