

## 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**

M475

**MAJOR:** Geology

**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.

**REQUIRED COURSEWORK:**

GEOL 5001	Topics in Geosciences	1			
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**CORE COURSEWORK:** 9 hours.

One letter-graded graduate-level course in three of the following seven "Core Areas": (1) Geochemistry, (2) Geophysics, (3) Igneous and Metamorphic Petrology, (4) Paleontology/Paleobiology, (5) Sedimentary Geology, (6) Structural Geology, (7) Environmental/Hydrogeology


**ELECTIVES:** 16 hours.

**Science/Math/Engineering:** 3 hours of letter-graded graduate credit science, math, or engineering coursework (outside of Geology and Geophysics) as approved by the student's thesis committee.

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**General Geology:** 13 hours. Student must have advisor approval before enrolling in any of these 13 hours. One course must be letter-graded.


**THESIS RESEARCH:** 4 hours GEOL 5980. 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 2021**. Semester Admitted/Re-admitted: \_\_\_\_\_

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