

# Study Plan for Master's in Civil Engineering

(Please type or print clearly)

**Student**

**Name** \_\_\_\_\_ **Specialization** \_\_\_\_\_

**COURSEWORK** (Place \* beside any course not taken at OSU – petition required):

(See Graduate School Handbook: Section IV > 4.2- Marks (Grades) > Transfer Credit)

<b>TABLE A</b> (must total at least 6 hours)		FINAL	
Course Number	Course Title	GRADE	Credit hours

**TOTAL of TABLE A credits:** \_\_\_\_\_

<b>TABLE B</b> (including excess from Table A, must total at least 6 hours)		FINAL	
Course Number	Course Title	GRADE	Credit hours

**TOTAL of TABLE B credits:** \_\_\_\_\_

<b>MATH (must be at least 3 hours)</b>		FINAL	
Course Number	Course Title	GRADE	Credit hours

**TOTAL of MATH credits:** \_\_\_\_\_

<b>BALANCE (Graduate-level courses approved by student's master's advisory committee)</b>			
Course Number	Course Title	FINAL GRADE	Credit hours

**TOTAL of BALANCE course credits:** \_\_\_\_\_

**TOTAL MS COURSE HOURS:** \_\_\_\_\_

**NOTE: Coursework must be at least 24 hrs for Thesis Option (plus at least 6 hrs of MS thesis research) OR Coursework must be at least 33 hrs for Non-Thesis Option.**

Have you met the residency requirement? \_\_\_\_\_

*(see Graduate School Handbook: Section VI.1 > 6.1 General Information > Credit Hours and Residency Requirement)*

**Check One:**

**Thesis Option**

Tentative research thesis title - **Required:** \_\_\_\_\_

**Non-Thesis Option** (This option requires a written exam of at least 4 hours.)

If selecting the non-thesis option, have you ever held a GRA appointment at OSU? \_\_\_\_ Yes \_\_\_\_ No

**Master's Advisory Committee Approval Signatures:** (Composed of at least 3 members, including Advisor. Two members, including the Advisor must hold membership at Category M or P level in the Department of Civil, Environmental and Geodetic Engineering. Non-Graduate Faculty members must first be approved by the Chair of the CEGE Graduate Studies Committee, followed by petition to the Graduate School.

Advisor Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Member Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Member Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Chair, Graduate Studies Committee**

**Date**