UNIVERSITY OF CENTRAL OKLAHOMA
Jackson College of Graduate Studies

Forensic Science Institute
Master of Science
Digital Forensics
Major Code: 7602

Plan of Study

Each student must file a plan of study with his/ her graduate program advisor and the Jackson College of Graduate Studies by the end of the first semester of graduate work. The plan must be signed and dated by the student and the graduate program advisor before it can be considered official.

NAME: _____ **EMAIL:** ___ **UCO ID**: _____

REQUIRED COURSES (30 hours — Capstone; 33 hours — thesis option)

COURSE PREFIX	COURSE NUMBER	COURSE TITLE	HOURS	SEMESTER & YEAR	Credit
FRSC	5253	Forensic Science Analysis & Lab			
FRSC	5143	Advanced Crime Scene Processing and Investigations			
FRSC	5463	Digital Forensics & Lab			
FRSC	5633	Digital Forensics Tools and Analysis & Lab			
FRSC	5653	Mobile Device Forensics & Lab			
FRSC	5673	Network Forensics & Lab			
FRSC	5863	Expert Witness			
FRSC	5713	Forensic Pharmacology			
FRSC	5863	Expert Witness			
FRSC	5873	Research Methods in Forensic Science			
FRSC	5881	Graduate Seminar			
FRSC	5892	Professional Issues in Forensic Science			
FRSC	5930	Graduate Capstone (3 hours) **OR**			
FRSC	5990	Thesis (6 hours) *Thesis Defense information and packet.*			
			Sub-Total		

GUIDED ELECTIVES (6 hours — Capstone; 3 hours — thesis option)

COURSE PREFIX	COURSE NUMBER	COURSE TITLE	HOURS	SEMESTER & YEAR	Credit
FRSC					
FRSC					
Review your program's degree sheet in the Graduate Catalog for elective options.			**Sub-Total**		

COURSE SUBSTITUTIONS

REQUIRED COURSE TITLE, PREFIX, & NUMBER	REPLACEMENT COURSE TITLE, PREFIX, & NUMBER	HOURS	SEMESTER & YEAR	Credit
		Sub-Total		

Grand Total	

Required 36 Hours Total

Comments:

I understand that I may not make changes to my Plan of Study without prior approval from the Graduate Program Advisor. If I take any coursework that is not listed on my Plan of Study, the Graduate Program Advisor is not obligated to apply the coursework toward my degree.

Student Signature Date

Graduate Program Advisor Signature Date

FOR JCGS OFFICE USE ONLY:

Date Received: _____/_____/_____ Graduate Programs Specialist Signature:_____