

GRADUATE CERTIFICATE PROGRAM REPORT

In order to qualify for a graduate certificate, a student must be admitted to the graduate certificate program through the Office of Graduate Admissions.

Course Credit Requirements for Graduate Certificates:

- All courses must be taken at OU. **No transfer credit will apply.**
- **No course substitutions** are permitted for graduate certificates.
- Coursework applied to a graduate certificate **cannot be more than five years old** as of the semester the graduate certificate is awarded.

Additional limitations and policies for graduate certificates can be found in the [Graduate College Bulletin](#).

This form is due in the Graduate College no later than the final semester of certificate coursework. Please see the [Graduate College website](#) for specific deadlines.

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 certificate.

GRADUATE CERTIFICATE in FOUNDATIONS of BUSINESS

G040

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
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REQUIRED COURSE: 2 hours.

B AD 5102	Managerial Economics	2		
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ELECTIVE COURSES: 10 hours. Any five of the following, or additional MBA courses from an approved list maintained by the department and approved by the Graduate Liaison: ACCT 5202, ACCT 5212, B AD 5122, B AD 5182, ENT 5102, FIN 5102, FIN 5112, L S 5802, MGT 5702, MIT 5602, MKT 5402.

TOTAL HOURS:

12 hours required

I hereby request approval of my certificate coursework 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 course of study for the graduate certificate and I recommend approval.

Printed Name of Graduate Liaison _____

Graduate Liaison Signature _____

Date _____

FOR GRADUATE COLLEGE USE ONLY:

Program effective **Summer 2020**.

Date Checked: ____/____/____ | Earliest Course: ____ | Hours Required: ____ | OK ____ Problem ____