The UNIVERSITY of OKLAHOMA
GRADUATE COLLEGE

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* RESTORATIVE JUSTICE ADMINISTRATION G095

NAME: _____ **OU ID:** (11x-xx-xxxx) _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
REQUIRED COURSEWORK: 6 hours				
LSCJ 5153	Ethical Decision Making in Criminal Justice	3		
LSCJ 5203	Victimology and Restorative Justice	3		
RESTORATIVE JUSTICE TRACK ELECTIVES: 6 hours. May include LSCJ 5133, 5213, 5223, 5243, 5253, 5263, 5283, 5313, 5333, 5353, 5383, 5463, 5553, 5700, LSAL 5113, or other relevant MSCJ courses as approved by an academic advisor.				
	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 **Fall 2015.**

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