

## 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* DRUG POLICY MANAGEMENT

G328

NAME: \_\_\_\_\_

OU ID: \_\_\_\_\_

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
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**REQUIRED COURSEWORK:** 9 hours.

LSCJ 5113	Theoretical Foundations of Criminal Justice	3		
LSCJ 5133	Criminal Justice Policy Development	3		
LSCJ 5413	Substance Abuse and Crime in the United States	3		

**ELECTIVE COURSE:** 3 graduate credit hours as approved by the faculty advisor and graduate liaison. Options include LSCJ 5423, LSCJ 5203, LSCJ 5223, LSCJ 5263, LSCJ 5283, LSCJ 5403, LSCJ 5463, LSPS 5173, and LSPS 5203.

		<b>TOTAL HOURS:</b>		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 2020**. Semester Admitted/Re-admitted: \_\_\_\_\_

Date Checked: \_\_\_\_/\_\_\_\_/\_\_\_\_ | Earliest Course: \_\_\_\_\_ | Hours Required: \_\_\_\_\_ | **OK** \_\_\_\_ **Problem** \_\_\_\_