

## 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 ACCOUNTING**

G004

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

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

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
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**PROGRAM CORE:** 2 hours. Choose one of the following:

ACCT 5202	Financial Accounting			
ACCT 5232	Financial Reporting Foundations			

**ELECTIVES:** Choose 10 credit hours from the following: ACCT 5212, ACCT 5222, ACCT 5242, ACCT 5252, ACCT 5262, ACCT 5272, ACCT 5272, ACCT 5282, ACCT 5292, ACCT 5302, ACCT 5352 or other courses as approved by Stead School of Accounting.


**TOTAL HOURS:**

**12**

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 2025**. Semester Admitted/Re-admitted: \_\_\_\_\_

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