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* AEROSPACE AND DEFENSE ANALYTICS   G008

NAME: _____   **OU ID:** _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
REQUIRED COURSEWORK: 4 hours.				
EMAD 5382	Quantitative Methods & Models for Aerospace & Defense	2		
EMAD 5482	Data Analytics for Aerospace & Defense	2		

ELECTIVES: Choose 8 hours from the following courses, or others from a list maintained by the academic unit: EMAD 5312, EMAD 5342, EMAD 5362, EMAD 5422, EMAD 5472.

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

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FOR GRADUATE COLLEGE USE ONLY:

Program effective **Spring 2024. Semester Admitted/Re-admitted:** _____

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