

## 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 BUSINESS ENTREPRENEURSHIP

G023, G265

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

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

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
------------------------	-------------	-------	-------	-----------------

ENT REQUIRED COURSES: 4-6 hours.

ENT 5102	Entrepreneurship & Innovation	2		
----------	-------------------------------	---	--	--

Choose one of the following:

ENT 5934	Strategic Venture Development			
ENT 5182	Strategic New Venture Development			

ENT GRADUATE ELECTIVES: Choose 4-6 hours of guided electives


GENERAL ELECTIVES: Choose 2 hours of general electives.


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

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