

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 COMMERCIAL SPACE APPLICATION

G028

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
REQUIRED COURSEWORK: 12 hours.				
EMAD 5602	The Future of Space	2		
EMAD 5622	Space and Small Business: Business Opportunities in the Space Economy	2		
EMAD 5642	Private Equity and Investment in Space	2		
EMAD 5332	Legal Environment for Aerospace and Defense	2		
EMAD 5352	Global Aerospace and Defense Strategy	2		
EMAD 5412	Innovation and Entrepreneurship in Aerospace & Defense	2		
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 **Spring 2024**. Semester Admitted/Re-admitted: _____

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