

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* FINANCE

G039, G374

NAME: _____

OU ID: _____

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

REQUIRED COURSEWORK: 4 hours.

FIN 5112	Investments	2		
FIN 5322	Financial Derivatives	2		

ELECTIVES: 8 hours. Four courses, which may include FIN 5332, 5342, 5352, 5362, 5613, 5372, 5382, ENGB 5162, ACCT 5352, or additional MBA courses from a list maintained by the department and approved by the Graduate College.

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 2025**. Semester Admitted/Re-admitted: _____

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