

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 EXECUTIVE MANAGEMENT IN AEROSPACE/DEFENSE G010

NAME: _____ **OU ID:** _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
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REQUIRED COURSEWORK: 4 hours.

EMAD 5302	Accounting in Aerospace and Defense	2		
EMAD 5332	Legal Environment for Aerospace and Defense	2		

ELECTIVES: 8 hours. Any four courses listed below, or additional graduate level courses from an approved list maintained by the department and approved by the graduate liaison.

EMAD 5312	Information Technology and Cyber Security in Aerospace and Defense			
EMAD 5322	Managing Supply Chain and Logistics in Aerospace and Defense			
EMAD 5342	Project Management for Aerospace and Defense			
EMAD 5352	Global Aerospace and Defense Strategy			
EMAD 5362	Field Project in Aerospace & Defense (Analysis)			
EMAD 5372	Field Project in Aerospace & Defense (Implementation)			

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 2021**. Semester Admitted/Re-admitted: _____

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