

## 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 ARCHAEOASTRONOMY and ASTRONOMY in CULTURE**

G015

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

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

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
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**REQUIRED COURSEWORK:** 6 hours.

LSIS 5403	Introduction and Research Methods for Archaeoastronomy	3		
LSIS 5423	Archaeoastronomy of Chaco Canyon and Cahokia	3		

**ELECTIVES:** 6 hours. LSIS 5443, 5463, 5493, 5700, 5960, 5990, or other courses as approved by the program's lead faculty member and the graduate liaison.


**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 **Summer 2019**. Semester Admitted/Re-admitted: \_\_\_\_\_

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