

## 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 FUNDAMENTALS of SPECIAL EDUCATION (Blended Delivery)**

G041

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

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

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
<b>REQUIRED COURSEWORK:</b> 12 hours.				
EDSP 5413	Characteristics & Methods in Teaching Students with Exceptionalities	3		
EDSP 5143	Individual Behavior Planning in the Classroom	3		
EDSP 5183	Advanced Assessment	3		
EDSP 5163	Leadership & Advocacy in Special Education	3		

**ADDITIONAL COURSEWORK:** 6 hours. Choose two courses from the following list.

EDSP 5093	Transition & Self-Determination	3		
EDSP 5013	Evidence-Based Practices for Mathematics Instruction for Students with Disabilities	3		
EDSP 5213	Evidence-Based Practices for Reading Instruction for Students with Disabilities	3		
<b>TOTAL HOURS:</b>		<b>18</b>	18 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 2021**.

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