

## 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 HELPING SKILLS in HUMAN RELATIONS**

G047

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

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

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
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**REQUIRED COURSEWORK:** 9 hours.

H R 5003	Theoretical Foundations of Human Relations	3		
H R 5453	Ethical Issues in HR Counseling	3		

**One of the following:**

H R 5463	Counseling Skills in Human Relations			
H R 5633	Advanced Counseling Skills			

**ELECTIVE:** 3 hours. One 3-hour elective as approved by the chair or graduate liaison of the Department of Human Relations.

		3		
<b>TOTAL HOURS:</b>			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 2018**. Semester Admitted/Re-admitted: \_\_\_\_\_

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