

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 LEARNING DESIGN & TECHNOLOGY

G567

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
REQUIRED COURSEWORK: 18 hours.				
EIPT 5533	Foundations of Learning Sciences	3		
EIPT 5183	Learning and Motivation in the Classroom	3		
EIPT 5920	Internship in Education--Master's	3		
EIPT 6523	Visual Literacy and Digital Development for Learning	3		
EIPT 6343	Design of Learning Environments	3		
EIPT 6533	Development for Learning with Digital Technologies	3		
TOTAL HOURS:		18	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 **Fall 2019**. Semester Admitted/Re-admitted: _____

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