

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 APPLIED BEHAVIOR ANALYSIS

G019

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR
REQUIRED COURSEWORK: 21 hours.				
EDSP 5603	Philosophical Assumptions of Behavior Analysis	3		
EDSP 5613	Principles and Concepts in Applied Behavior Analysis	3		
EDSP 5623	Ethics in Applied Behavior Analysis	3		
EDSP 5633	Organizational Behavior Management	3		
EDSP 5643	Behavior Change in Applied Behavior Analysis	3		
EDSP 5653	Behavior Assessment in Applied Behavior Analysis	3		
EDSP 6023	Single-Case Research Design	3		
TOTAL HOURS:			21 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 2023**.

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