DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING
SCHOOL OF ENGINEERING & COMPUTER SCIENCE
OAKLAND UNIVERSITY

PROGRAM OF STUDY FORM

Graduate Certificate

Name:_____ **Email:**_____ **Student No.: _____**

Address:_____**Phone No.: _____**

Date of Admission:_____ **Graduate Catalog Followed: _____**

Graduate Certificate:_____

STUDY PLAN

Course Group	Course No.	Course Title	Credit Hours	Grade	Term	Remarks
Prerequisite Courses (where applicable)						
Pre-req						
Pre-req						
Pre-req						
Required Courses (8 Credit Hours)						
Required			4			
Required			4			
Elective Course (4 Credit Hours)						
Elective			4			

_____   _____

Program Coordinator/Department Chair   **Date**

Cc: Graduate Study, CSE Dept.

02/10/2026 rev.