

**DEPARTMENT OF EDUCATIONAL STUDIES**  
**GRADUATE CERTIFICATE IN ADULT LEARNING AND EDUCATION (ALE)**

Student Number: _____		
Surname: _____		Given Names: _____
Address: _____ _____		
Postal Code: _____		E-mail: _____
Home Phone Number: _____		Work Number: _____ Fax: _____
Date program begins: _____		Date program expires: _____
Pro tem Advisor: _____		Advisor's Phone: _____
Advisor's E-mail: _____		Advisor's Fax: _____

**Program Requirements**

**Required Adult Education Courses: (9 credits)**

EDST 503 – Foundations of Adult Education	(3)
EDST 514 - Adult Education Program Planning Theory	(3)
EDST 518 - Theory & Research on Adult Learning	(3)

**One Elective** **(3)**

**Total Credits** **12**

**Signature of Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_