

**DEPARTMENT OF EDUCATIONAL STUDIES**  
**GRADUATE CERTIFICATE IN EDUCATIONAL ADMINISTRATION AND LEADERSHIP (EDAL)**

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 Courses: (9 credits)**

- |  |     |
|--|-----|
| EDST 581 – Leadership, Administration and the Aims of Education  | (3) |
| EDST 582 – The Study of Organizations in the Educational Context | (3) |
| EDST 532 – Leadership in Educational Organizations               | (3) |

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

**Total Credits** **12**

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