

Department of Educational Studies
Graduate Certificate in Adult Learning and Education (GCALE)

Student Number: _____		
Surname: _____	Given Names: _____	
Address: _____ _____		
Postal Code: _____	E-mail _____	
Home Phone Number: _____	Work Number: _____	Fax: _____
Date program begins: _____	Date program expires: _____	
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 credits) _____ (3)
(Graduate (500+) or senior undergraduate (300+) course)

Total Credits 12

Signature of Advisor: _____ **Date:** _____