

**DEPARTMENT OF EDUCATIONAL STUDIES
PROGRAM OF STUDIES WORKSHEET
HIED – MEd.**

	<input type="checkbox"/> Original <input type="checkbox"/> Revision	
Program/specialization: Higher Education	Student Number: _____	
Surname: _____	Given Names: _____	
Address: _____		

Postal Code: _____	E-mail: _____	

Home Phone Number: _____	Work Number: _____	Fax: _____
Enrolled: <input type="checkbox"/> Full-time (Schedule A) <input type="checkbox"/> Part-time (Schedule B)		
Date program begins: _____	Date program expires: _____	
Pro tem Advisor: _____	Advisor's Phone: _____	
Advisor's E-mail: _____	Advisor's Fax: _____	

Program Requirements

Required Higher Education Courses: (6 credits)

		<u>Credits</u>
ADHE 509 – Foundations of Higher Education	(3)	
ADHE 511 – Organization and Administration of Post-Secondary Education and Training	(3)	
ADHE 536 – Higher Education Systems in Canada	(3)	9

Research Methods: (3 credits)

EDUC 500 – Research Methodology in Education	(3)	3
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Thematic Courses: (6 credits)

_____	(3)	
_____	(3)	6

Elective Courses: (9 credits)

_____	(3)	
_____	(3)	
_____	(3)	9

ADHE 590 – Graduating Project (3 credits)

OR

One more approved elective _____(3) 3

Total credits in program 30
(Minimum of 30 with 24 @ 500-level)

Approved: _____ Date: _____
Pro tem Advisor

Date entered into database:

Distribution: Original to Graduate Secretary, then to student's file; copy to student.

Rev. June, 2007