

CMCL Pedagogy Certificate

Student name (please print) _____

By submitting this form, I declare my intentions to pursue the Pedagogy Certificate in CMCL. I will inform my advisor and the graduate secretary when each requirement below is completed and I will furnish documentation in a timely manner.

Signature of Student: _____ Date: _____

Signature of Advisor: _____ Date: _____

___ C545 Introduction to Pedagogy

Instructor: _____

Semester completed: _____

___ Advanced Pedagogy Theory (C622 or equivalent)

Course number: _____

Instructor: _____

Semester completed: _____

___ C646 Pedagogy Practicum

Faculty advisor: _____

Semester completed: _____

___ Pedagogy Qualifying Exam

Faculty advisor: _____

Semester completed: _____