



ST. FRANCIS XAVIER
UNIVERSITY

DIPLOMA IN ADULT EDUCATION REGISTRATION FORM

Personal Information

Last name: _____ First name: _____
Middle name: _____ Preferred First Name: _____
Previous Last Name (if applicable): _____
Have you previously attended StFX? Yes No StFX ID (if known) _____
Gender: _____ Date of birth (day/month/year): _____
SIN: _____
Mother-tongue: English French Mi'kmaq Other: _____
Citizenship: Canadian/permanent resident Other: _____
Ethnic origin (optional): Indigenous African Descent Other: _____

Current Mailing Address

Street address/PO box/rural route #: _____
Town/City: _____ Province/State: _____
Postal Code/ZIP: _____ Country: _____
Home phone: _____ Cell phone: _____
Home e-mail: _____

Employer Information

Organization name: _____
Street address/PO box/rural route #: _____
Town/City: _____ Province/State: _____
Postal Code/ZIP: _____ Country: _____
Work phone: _____ Work e-mail: _____

Professional Information

Employer's business/service: _____

Number of staff in employer's organization: _____

Number of staff in employer's training department: _____

Your years of work experience in Adult Education/HRD (check one):

- Less than 1 1-3 4-6 7-9 10 or more

Additional Information

Please enroll me in the following modules (check all that apply):

- Module 1: Assessing Training Needs Module 2: Setting Learning Objectives
 Module 3: Evaluation Strategies Module 4: Designing Learning Activities
 Module 5: Facilitating Learning

Please indicate term: _____

I have previously completed the following modules (please include location and year):

How did you hear about the StFX Diploma in Adult Education program (check all that apply)?

- Print media Previous learner My employer Website
 Other (please specify): _____

Is there any other information you would like to communicate to the program office?

Signature: _____ Date: _____

Please submit completed application to dipaded@stfx.ca.