

DEPARTMENT OF EDUCATIONAL LEADERSHIP - SCIH
Application for Full-time Doctoral Residency

Please Print				
Last Name	First	M.I.	SSN or CWID	(check one)
_____			()	_____
Address			(A/C)	Phone (home)
_____			()	_____
City	State	Zip	(A/C)	Phone (business)

e-mail address				

Semesters in residence: (Mark 2 consecutive semesters)				
(Sp) Spring		and/or		
(SU) Summer		and/or		
(FA) Fall				
(SS) Or 3 Summers				

Log of Residency Activities must be submitted and approved each semester for credit to be earned.

Nine (9) semester credit hours per semester is defined as a minimum load for residency. Please list the semesters you are claiming for residency, with the classes taken each semester.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature

Date

Advisor Signature

Date

Department Chair Signature

Date

DEPARTMENT OF EDUCATIONAL LEADERSHIP - SCIH
Information Form for First Semester of Residency

This form is to be completed at the end of each semester for that semester to be counted as part of the doctoral residency.

 Last Name First M.I. SSN or CWID (check one)

COURSES COMPLETED THIS SEMESTER:

COURSE #	TITLE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ACTIVITIES COMPLETED AS PART OF RESIDENCY

(Provide date, function, and your participation. You may use additional pages as necessary)

DATE	FUNCTION	DESCRIPTION OF ACTIVITY (what you did)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

 Student Signature

 Date

Student has met all requirements for residency this semester:

 Advisor Signature

 Date

 Department Chair Signature

 Date

