

**DEPARTMENT OF HIGHER EDUCATION AND LEARNING
TECHNOLOGIES DOCTORAL RESIDENCY –
ELD IN HIGHER EDUCATION**

DEPARTMENTAL INTERPRETATION OF RESIDENCY

The Department of Higher Education and Learning Technologies interprets residency as time when the Doctoral student is engaged in academically meaningful tasks on a college campus. During this time the student is required to be enrolled at least half time (6 hrs.) and to be involved in university or college activities.

SEMESTERS

After admission to the program and prior to admission to candidacy, each student is required to complete residency. The department accepts coursework taken toward residency in the following combinations:

**Fall, Spring, and Fall
Spring, Fall, and Spring
Spring, Summer, and Fall
Summers, Fall, and Spring**

DEPARTMENTAL RESIDENCY REQUIREMENTS

The Department of Higher Education and Learning Technologies requires doctoral students to satisfy criteria for the following two areas during residency:

(a) half time enrollment (6 hrs.) and (b) university or college activities. In addition to being enrolled half time, a student must include activities approved by his/her doctoral advisor in both research and scholarly and university activities. Following is a list of suggested activities that may be used to satisfy residency requirements.

- a) **Half-time Enrollment.** Students must be enrolled in at least 6 semester hours during each fall, spring, or full summer of residency. The courses that may count toward residency must be included on the student's degree plan.
- b) **University or College Activities.** Students are expected to involve themselves with activities on a college campus (which may include the campus where the student is employed-not to include any K-12 school). These may include, but are not limited to:
- Assisting with a College or departmental newsletter
 - Serving as Representative on Graduate Council
 - Serving as host/hostess during conventions or other professional development events for a college.
 - Organizing conferences and workshops
 - Assisting with campus activities
 - Assisting with recruitment activities
 - Assisting with Alumni activities
 - Preparing materials for campus activities
 - Attending faculty events

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

Please Print

Last Name	First	M.I.	CWID	
			(____)	_____
Address			(A/C)	Phone (home)
			(____)	_____
City	State	Zip	(A/C)	Phone (business)

e-mail address

Semesters in residence: (Mark 3 consecutive semesters)

(Sp)Spring	and	
(SU)Summer	and	
(FA)Fall		
(Sp)Spring		

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

Six (6) 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

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. CWID

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

Information Form for Second 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.

CWID

COURSES COMPLETED THIS SEMESTER:

<u>COURSE #</u>	<u>TITLE</u>	<u>GRADE</u>
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LIST ACTIVITIES COMPLETED AS PART OF RESIDENCY

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

<u>DATE</u>	<u>FUNCTION</u>	<u>DESCRIPTION OF ACTIVITY (what you did)</u>
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Student Signature

Date

Information Form for Third 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. CWID

COURSES COMPLETED THIS SEMESTER:

COURSE #	TITLE	GRADE
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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)
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Student Signature

Date