



**College of Education**  
**Specialist in Education (EdS) Residency**

Name \_\_\_\_\_

Panther # \_\_\_\_\_

Address \_\_\_\_\_

Day Telephone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Evening Telephone \_\_\_\_\_

Residency enables each Ed.S student to maintain close and continuous involvement with faculty, professional colleagues, and other graduate students in the field. It also provides time for reading, reflection, and research appropriate for an advanced professional degree. Each department within the College of Education provides a variety of experiences designed for its Ed.S. students who are fulfilling residency requirements.

The following activities have been planned to fulfill the intent of the residency requirements.

➤ Activities or projects to be undertaken which involve faculty or specialist students:

➤ Attendance/presentation at seminars or professional meetings

**APPROVAL**

Advisor _____	Dept. _____	Signature _____	Date _____
Department Chair _____	Dept. _____	Signature _____	Date _____

AFTER all signatures of above are obtained, submit form to the Office of Academic Assistance & Graduate Admissions (OAA), Room 300 College of Education.

Monitored by OAA:	Date
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