

Counseling and Psychological Services

Specialist in Education (EdS) Residency Form

Name _____

SSN _____

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 have been obtained, submit this form to Dr. Catherine Perkins for review.