

DEPARTMENT OF HIGHER EDUCATION AND LEARNING TECHNOLOGIES DOCTORAL RESIDENCY

DEPARTMENTAL INTERPRETATION OF RESIDENCY

The Department of Higher Education interprets residency as a time when the Doctoral student is engaged in academically meaningful tasks on the Commerce 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 requires doctoral students to satisfy criteria for the following three 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 HIGHER EDUCATION AND LEARNING
TECHNOLOGIES- 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		
(FA)Fall		

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.

Semester_____Year_____	Semester_____Year_____	Semester_____Year_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature _____ Date _____

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Advisor Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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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

Student has met all requirements for residency this semester:

Advisor 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:

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

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

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