



**Submit form to
Director of
Graduate Studies,
College of
Education**

[Back to Forms
Page](#)

DOCTORAL RESIDENCY PLAN

College of Education

Student Name:

Soc. Sec. Num.: - -

Approvals:

Doctoral Candidate Date

Chair of Committee Date

Department Date

Director, Grad. Studies Date

Address:

City:

Date:

State:

Zip Code:

Phone: (H) () -

(W) () -

GENERAL INFORMATION

Undergraduate Degree:

Institution:

**Date
Conferred:**

**Undergraduate
Major:**

Minor:

Graduate Degree:

Institution:

**Date
Conferred:**

**Graduate
Major:**

Minor:

**Doctoral
Major:**

Concentration:

Collateral Area:

**Date admitted to doctoral
program:**

RESIDENCY INFORMATION - Click [HERE](#) for description of Residency Plan Options.

Residency Plan Course Enrollment Option (Select A, B, or C):

Period of intended residency: from _____ **to** _____

List each semester to be included:

Proposed dates for:	Completion of Course Work: Completion of Dissertation: Final Comprehensive Exam:
----------------------------	---