



MAKING EDUCATION POSSIBLE

Application for Admission to Year-Long Residency

Semester _____ Year _____

Name: _____
(Last) (First) (M)

Home Address _____
(Street/Route and Box) (City) (State) (Zip)

Teaching Field(s): (1) _____ (2) _____

When do you expect to do the year-long residency? _____

Will you be taking an evening course on campus? _____

When do you expect to complete work for a degree? _____

Will you be employed during the Year-Long Residency? _____

I have read the requirements for acceptance to the Year-Long Residency as stated in the latest college catalog. I am eligible to enroll in the Year-Long Residency.

(Student Signature)

(Date)

Checklist for Admission

To be completed by Department of Education before anyone signs below.

___ Application

___ Minimum 96 semester hours

___ All General Studies Met

___ GPA 2.75 in total college hours

___ All pre-requisite Education courses met

___ Teaching specialization met

It is recommended that this student be enrolled in the Year-Long Residency during the term indicated above.

(Advisor)

(Director of Teacher Education)