

Verification Form
INSTRUCTIONAL LEADERSHIP PREPAREDNESS FOR RESIDENCY
 College of Education

NAME: _____

PRAXIS COMPLETED (circle one): YES or NO

MAJOR: **M.Ed. Instructional Leadership**

 UMID

 Advisor

EXPECTED GRADUATION DATE: _____

MARK IN APPROPRIATE COLUMN

	COURSE No.	NAME OF COURSE	INSTRUCTOR (First & Last Name)	DATE TAKEN (Semester & Year)	Presently Enrolled/ Completed	Need to Complete Program	Transferred
INSTRUCTIONAL SUPPORT & INTERNSHIP		EDL 593 Building Capacity for Leadership, Mentoring, and Instructional Support					
		EDL 594 Foundations of Curriculum and Instructional Design					
		EDL 595 Public Relations, Community Resources, and Ethics					
		EDL 596 Fiscal and Non-Fiscal Resources for Instruction					
		EDL 597 School Law and Human Resource Development					
		EDL 599 Residency and Capstone Seminar					
RESEARCH & ASSESSMENT		EDF 540 Applied Educational Research					
		EDF 526 Assessment and Data Analysis for Instructional Improvement					
TECHNOLOGY		EDL 577 Instructional Technology Leadership in Educational Contexts					
SPECIAL EDUCATION & DIVERSITY		SPED 507 Exceptional Learners P-12/SEC					
		ED 584 Poverty in Rural and Urban Schools					
		ED 506 Reaching Every Learner					

****Fill out this form and have your advisor sign before submitting your Residency Application.****

 Student's Signature

 Advisor's Signature