Verification Form

INSTRUCTIONAL LEADERSHIP PREPAREDNESS FOR RESIDENCY

College of Education

NAME:								
PRAXIS COMPLETED (c	ircle one):	YES or	NO					
MAJOR: RHO – Non Degree Seeking IL Certification				UMID		Advisor		
EXPECTED GRADUATIO	N DATE:							
						MARK IN AF	PROPRIATE C	OLUMN
	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						
SPECIAL EDUCATION & DIVERSITY	SPED 507	Exceptional Learners P-12/SEC						
	ED 584	Poverty in Rural and Urban Schools						
Fill out this form and	have your adv	visor sign before submitti	ing your Residency A	Application.				
Student's Signature					Advisor's Signature			