

TEXAS SOUTHERN UNIVERSITY
STUDENT PLAN FOR RESIDENCY

1. Circle the two consecutive periods in which you **have completed** residency requirements:

Residency Started Semester _____ Year _____
Fall/Spring/Summer

Residency Completed Semester _____ Year _____
Fall/Spring/Summer

2. Check the enrollment status **completed** for each period:

- () Nine or more semester hours in two consecutive semesters
- () Nine or more semester hours in a semester preceded or followed by six semester hours in each of two consecutive **summer** terms
- () Six semester hours in a semester preceded or followed by six semester hours in each of two consecutive **summer** terms*

*If this category is selected, it must be supplemented by an approved residency activity. The student must obtain approval of his/her Doctoral Advisory Committee prior to undertaking the proposed supplemental residency activity. Activities proposed shall meet at least the following criteria:

- a. Make a contribution through writing, research, or scholarly work to the student's field of study, or engage the student in intensive study of a clinical, institute, or seminar nature.
- b. Extend for 20 full days in not fewer than four weeks time.
- c. Contribute substantially to the student's planned program of preparation.
- d. Provide for written post-assessment(s) by the student.

Indicate the date planned for submission of report by the student to the committee to describe the activities in which he/she engaged while fulfilling the purposes of residency.

Date Completed: _____

3. This plan may be amended by re-submission to the committee prior to the beginning of the semester in which a change is proposed.

Student's Name (Please Print) _____ T-Number _____

Student's Signature _____ Telephone Number _____

Chairperson's Approval _____ Date _____

- () Approved
 () Disapproved

Director, Doctoral Center

Dean, College/School

Dean, the Graduate School