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# Ed.D. Residency Housing Registration

*Doctoral and Licensing Program in Educational Administration*

NOTE: Please complete and return this form ONLY if you would like on-campus housing during your Ed.D. residency.

## Student Data

Name \_\_\_\_\_ Bethel ID # \_\_\_\_\_

Evening Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Housing Arrangements

I would like room accommodations for one.

I would like to share a room with up to three other students. *(If known, please list names below.)*

Request to room with the following students:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Student Schedule

Date Arriving \_\_\_\_\_ Time \_\_\_\_\_ Date Departing \_\_\_\_\_ Time \_\_\_\_\_

## Return Form By Mail or Fax to:

Graduate School  
Bethel University  
Attn: Dawn Paulson  
3900 Bethel Drive  
St. Paul, MN 55112

Phone: 651.635.8081

Fax: 651.635.8039

## Final Due Date

Return form to above address or fax no later than the end of the third week in June.

