Harvard University Extension School
Professional Degree and Certificate Programs Office
51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-9414 • Fax: (617) 998-8494 • www.extension.harvard.edu

Professional ALM Residency Approval Form

One of the advantages of being a Harvard Extension School Professional Degree Program candidate is becoming part of the larger Harvard community, including participating in mentoring relationships with Harvard faculty and using the many resources available on this world-renowned campus, such as one of the world's largest academic libraries. As a result, we don't offer a master's degree entirely online, we offer a blended degree program.

Students admitted into the ALM in Environmental Management or Information Technology must be in residence for a minimum of one semester. This form must be submitted during your residency, and you must schedule a meeting with the program director or assistant program director during your semester in residence.

Student Information

Name _____
First *Last*

Permanent address _____
Street

_____
City *State* *Zip* *Country*

Residency address _____
Street

_____
City *State* *Zip*

E-mail address _____ Daytime phone number _____

Student ID number @ | | | | | | | | | | GPA _____ Total number of completed credits _____
(see www.extension.harvard.edu/login if unsure)

Environmental Management

❑ Fall ❑ 7-week Summer Session

Course Selection

Course	*Term*
1. ENVR E- or S-200	
2. ENVR E- or S-599	
3.	
4.	

Meeting Date _____

❑ George Buckley, assistant director, ALM in EM program

❑ Stephen Blinn, assistant director, Professional Degree and Certificate Programs

Information Technology

❑ Fall ❑ Spring *or* Summer Session: ❑ 7-week

Course Selection

Course	*Term*
1.	
(must be a campus-based course with no distance learning option)	
2.	
3.	
4.	

Meeting Date _____

❑ Henry Leitner, director, ALM in IT program

❑ Stephen Blinn, assistant director, Professional Degree and Certificate Programs

I hereby confirm that my residency address is correct, and that upon the successful completion of my current course load, I will have satisfied the ALM residency requirement.

Student's signature _____ **Date** _____

Professional Degree and Certificate Programs Office use only

Approved by: _____ Date _____
ALM Program Director signature