



# DOMINICAN UNIVERSITY

## School of Information Studies

### MLIS DEGREE SEEKING STUDENT'S DECLARATION TO PURSUE A CERTIFICATE

Last Name	First Name	Middle Name/Initial	DU ID#
Address			
City	State	Zip	
Phone (please indicate home / mobile / work)		Dominican E-mail	

I hereby state my intent to seek the following certificate as part of my course of study for the Master of Library and Information Science (MLIS) degree: (circle applicable semester)

<b>Deadline(s):</b>	Fall semester	Spring semester	Summer semester
	November 30th	March 31st	July 31st

- Certificate in Archives and Cultural Heritage Resources and Services
- Certificate in Data and Knowledge Management
- Certificate in Digital Curation
- Certificate in Digital Libraries
- Certificate in Informatics
- Certificate in Youth Services
- Certificate in Web Design

Student Signature	Date
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Return: Dominican University, School of Information Studies (SOIS), Rebecca Crown Library, room 300, 7900 West Division Street, River Forest, IL 60305. Voice: 708/524-6845. Fax: 708/524-6657. E-mail: [sois@dom.edu](mailto:sois@dom.edu)

OFFICE USE ONLY:

Date:	GSLIS Staff:	Office of the Registrar