

University of Rhode Island/Graduate School of Library and Information Studies

MLIS with SCHOOL LIBRARY MEDIA CERTIFICATION (Revised 5/2007)

Name _____ ID# _____

Address _____ Tel # _____

E-mail Address _____

This program of study constitutes a plan for the fulfillment of the requirements for the MLIS with School Library Media Certification, in accordance with the Graduate School Manual (Sec. 9.30). I understand that I am expected to follow this Program of Study once it is approved. If for any reason I want to take courses which are not on the Program of Study, or wish to change the focus of my Program of Study, I will discuss the changes with my adviser, complete a petition for a Change of Program of Study, and receive approval before I take any courses not on this Program of Study.

Student's Signature _____ Date _____

PROGRAM CREDIT COURSES CONSTITUTING THIS MASTER'S PROGRAM (Including Regional Program)

Course Dept/No	Title	Credit	Course Dept/No	Title	Credit
LSC502	Mgmt of Library & Info Services	3	LSC 520	School Library Media Services	3
LSC504	Reference & Information Services	3	LSC 596	School Library Media Practicum and Seminar	9
LSC505	Organization of Information	3			
LSC508	Intro to Info Science & Technology	3			
LSC557	Research & Evaluation in LIS	3			
LSC530	Reading Interests of Children	3		Subtotal Credits	
LSC531	Reading Interests of Young Adults	3		Credits to be transferred	
LSC528 or 529	(Circle One) Instruction Technology for Library & Information Services or Information Design	3		Total credits (minimum 42)	

PROGRAM CREDIT TO BE TRANSFERRED FROM OTHER INSTITUTIONS: Official transcript and certification that courses are graduate level courses acceptable for program credit at the other institution must be provided before approval is final. Include course description from catalog and course numbering system.

Course Dept/No	Title	Credit	Course Dept/No	Title	Credit

COURSES TO BE TAKEN FOR NO PROGRAM CREDIT:

Course Dept/No	Title	Credit	Course Dept/No	Title	Credit

ADVISOR/MAJOR PROFESSOR _____ DATE _____

DEPARTMENT CHAIRPERSON _____ DATE _____

DEAN, GRADUATE SCHOOL _____ DATE _____