

University of Rhode Island/Graduate School of Library and Information Studies
TEACHER CERTIFICATION PROGRAM (2/2006)

Name _____ SS#/ID# _____

Address _____ Tel # _____

This program of study constitutes a plan for the fulfillment of the requirements for the Teacher Certification Program, 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 _____

Student's Master of Library and Information Science Degree from: _____ (Institution). Include an official copy of your MLIS transcript with this form.

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

Course Dept/No	I. Title of URI Course	Credit	Course Dept/No	II. Title of Equivalent Course Accepted	Credit
LSC502	Mgmt of Library & Info Services	3			
LSC504	Reference & Information Services	3			
LSC505	Organization of Information	3			
LSC508	Introduction to Information Science & Technology	3			
LSC557	Research & Evaluation in LIS	3			
LSC530	Reading Interests of Children	3			
LSC531	Reading Interests of Young Adults	3			
LSC528 or 529	Instruction Technology for Library & Information Services or Information Design	3			
LSC520	School Library Media Services	3			
LSC596	School Library Media Practicum and Seminar	9			
				Total Credits (Minimum 42)	

COURSES TO BE TAKEN FOR NO PROGRAM CREDIT:

Course Dept/No	Title	Credit	Course Dept/No	Credit

ADVISOR/MAJOR PROFESSOR _____ DATE _____

DEPARTMENT CHAIRPERSON _____ DATE _____

DEAN, GRADUATE SCHOOL _____ DATE _____