

COLLEGE OF INFORMATION STUDIES

____ - ____ - ____ ____ / ____ / ____
Social security number Date of birth (mm/dd/yyyy)

Name (print) Last First Middle

Present address Street City State Zip code

(____) _____ (____) _____
Home telephone Work telephone E-mail address

Permanent address Street City State Zip code

Semester of entry Fall 20____ Spring 20____ Summer 20____

Degree Program MLS HiLS (MLS/MA) GeLS (MLS/MA) MIM

For MLS applicants, indicate CLIS specialty or concentration you expect to enter:

- Academic Library
- Archives and Records Management
- Children's Services
- Health Sciences Information
- Information Access and Use
- Information Systems and Technology
- Knowledge Representation, Ontologies, and Information Architecture
- Public Library Services
- School Library Media
- Special Library
- Technical Services
- Other (please specify):

Have you applied or do you intend to apply for admission to other information studies programs?
If yes, please list and give application dates:

