



THE CATHOLIC UNIVERSITY OF AMERICA
Library and Information Science
Phone: 202-319-5085
Fax: 202-319-5574

COMPREHENSIVE EXAM
PROGRAM COMPLETION - VERIFICATION FORM

- Complete this form and fax or email to the LIS department:

The Catholic University of America
Library and Information Science
Fax: 202-319-5574
E-mail: cua-lis@cua.edu

NAME : _____

STUDENT ID#: _____

PREFERRED CONTACT PHONE NUMBER: _____

Please list both CUA and other email

CUA EMAIL: _____ **OTHER EMAIL:** _____

LIST PREVIOUS DEGREE(S) _____

COURSE OF STUDY : _____

SEMESTER YOU PLAN TO TAKE COMPS: _____

Please initial to confirm :

_____ I have reviewed and updated my name, address and phone number(s) in Cardinal Station. (**Note** that your name as listed in Cardinal Station will appear on your diploma.)

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SECTION

CREDIT HRS. REQUIRED FOR GRADUATION: _____ PREVIOUS ADVANCE DEGREE(s): YES [] NO

CREDIT HRS. COMPLETED: _____ CREDIT HRS. PENDING IN SEMESTER _____

CORE CURRICULUM COURSES MET

LSC 551 () LSC 553 () LSC 555 () LSC 557 ()

SLM CURRICULUM/PRACTICUM

SLM Courses requirements met () 695B SLM Practicum ()

CID #