



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

PROGRAM COMPLETION - VERIFICATION FORM

COMPREHENSIVE EXAM

- Complete this form and fax or e-mail 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: _____

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: _____

CREDIT HRS. COMPLETED: _____ CREDIT HRS. PENDING _____ (current semester taking comps)

CORE CURRICULUM COURSES MET

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

SLM CURRICULUM/PRACTICUM

SLM Courses completed? () 695B SLM Practicum ()

CHIM

CHIM Courses completed? () CHIM Practicum ()