



**BIOGRAPHICAL SKETCH – School of Library and Information Science**

\*\* Please print neatly

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: Home - \_\_\_\_\_ Work - \_\_\_\_\_

Education:

School	Degree/Date	Location	Years of Attendance	Major

Work Experience:

Organization	Location	Position	Employment Dates

Technology Skills and Experience: \_\_\_\_\_

Teaching Certificate(s): \_\_\_\_\_

Please check appropriate degree category:

- |   |  |
|---|--|
| <input type="checkbox"/> MLIS only  | <input type="checkbox"/> MLIS + other KSU degree                     |
| <input type="checkbox"/> MLIS + MS in IAKM<br><i>(Information Architecture &amp; Knowledge Mgt.)</i>                      | <input type="checkbox"/> Certificate of Advanced Study in K-12       |
| <input type="checkbox"/> MLIS + School Library Media Licensure<br><i>(must have current teaching certificate/license)</i> | <input type="checkbox"/> Certificate of Advanced Study in Lib. Mgmt. |
| <input type="checkbox"/> MLIS / MBA (Business Administration)   | <input type="checkbox"/> Certificate of Advanced Study (other)       |

Attendance Site:       Kent       Lorain (LCCC)  
                                   Columbus      \_\_\_\_\_  
                                  \_\_\_\_\_

MAIL THIS FORM TO:      Research and Graduate Studies  
                                  Kent State University  
                                  P. O. Box 5190  
                                  Kent, OH 44242-0001

or EMAIL IT TO:  
 gradapps@kent.edu