

## Gerald H. and Victoria C.T. Read Graduate Appointment APPLICATION

### PERSONAL DATA

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Current Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Number & Street City, State or Province Zip or Postal Code Country

Permanent Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Number & Street City, State or Province Zip or Postal Code Country

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

Year and Term you began or will begin the iSchool M.L.I.S. program: \_\_\_\_\_ Year and Term Applying for Graduate Appointment: \_\_\_\_\_

### ACADEMIC DATA Degrees Completed:

**Bachelor's Degree:** \_\_\_\_\_ Field: \_\_\_\_\_

School: \_\_\_\_\_

Date Completed: \_\_\_\_\_ GPA: \_\_\_\_\_

**Master's Degree:** \_\_\_\_\_ Field: \_\_\_\_\_

School: \_\_\_\_\_

Date Completed: \_\_\_\_\_ GPA: \_\_\_\_\_

### REFERENCES Please provide contact information for three professional references.

**1. Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

▶ **YOUR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*(Typing your full name above indicates your agreement to allow authorized staff of Special Collections and Archives to review your SLIS graduate application materials, including grade information and transcripts, if applicable.)*

**[FOR OFFICE USE ONLY] DATE APPLICATION RECEIVED:**