SIMMONS UNIVERSITY SLIS CHANGE OF CONCENTRATION FORM

Name: _____ Student ID#:_____

Current Program: _____ Advisor: _____

New Concentration (Please check one): Master of Science

Library and Information Science: Archives Management (MS.LS.ARCV): _____

Library and Information Science: Archives Management – Online (MS.LS.ARCVOL.OL): _____

Library and Information Science: Archives Management – Mount Holyoke (MS.LS.ARCVMH): _____

Library and Information Science: Cultural Heritage (MS.LS.CULT): _____

Library and Information Science: Cultural Heritage - Online (MS.LS.CULT.OL): _____

Library and Information Science: Cultural Heritage – Mount Holyoke (MS.LS.CULT.MH): _____

Library and Information Science: Design Your Own (MS.LS): _____

Library and Information Science: Design Your Own – Online (MS.LS.OL): _____

Library and Information Science: Design Your Own - Mount Holyoke (MS.LS.MH): _____

Library and Information Science: Information Science & Technology (MS.LS.IST): _____

Library and Information Science: Information Science & Technology – Online (MS.LS.IST.OL): _____

Library and Information Science: Information Science & Technology – Mount Holyoke (MS.LS.IST.MH):_____

Library and Information Science: Libraries & Librarianship (MS.LS.LIB): _____

Library and Information Science: Libraries & Librarianship - Online (MS.LS.LIB.OL): _____

Library and Information Science: Libraries & Librarianship - Mount Holyoke (MS.LS.LIB.MH): _____

Library and Information Science: School Library Teacher Program (MS.LS.SLTP): _____

Library and Information Science: School Library Teacher Program – Mount Holyoke (MS.LS.SLMH): _____

Dual Degree MLIS-History (Existing dual-degree students ONLY):

History + Library and Information Science: Archives Management (MSMA.HIST): _____

History + Library and Information Science: Cultural Heritage (MSMA.HIST.LIBCULT): _____

Campus (Please check one):

_____ Boston

_____ Online

_____ Mount. Holyoke

_____ Carle Museum

Student Signature: _____

Date:_____

OFFICE USE ONLY: _____ _____ _____