



## MCLS Certificate of Library Development Application Form

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

Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Check One:

**Basic Cataloging Certificate**

or  **Advanced Cataloging Certificate**

Workshop: MARC: An Introduction Date: \_\_\_\_\_

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

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

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

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

Req: Basic Cataloging Certificate Date: \_\_\_\_\_

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

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

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

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

Signature: \_\_\_\_\_

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

Fax this form to the training department at (517) 492-3878 or

Mail to: Midwest Collaborative for Library Services  
 Attn: Training Department  
 1407 Rensen Street, Suite 1  
 Lansing, MI 48910