



## **Graduate School of Library and Information Science**

*Educating Library Leaders*

**APPLICATION FOR ADMISSION**

Graduate School of Library  
and Information Science  
7900 West Division Street  
River Forest, IL 60305  
[www.gslis.dom.edu](http://www.gslis.dom.edu)

## Application Guidelines

*It is the applicant's responsibility to compile a complete packet. Determination of admission may be delayed if your application is not complete. Applicants should expect to receive notification of their admission status three to four weeks after the application deadline.*

All students who wish to pursue graduate studies at Dominican University must have completed a baccalaureate degree from an institution that is accredited by a nationally recognized regional accrediting association. It is recommended that you return your completed application packet well before the stated deadline. Information regarding services for students with special needs is available from the Office of the Dean of Students at (708) 524-6824.

### Application Form

Complete all sections of this application form. Please type or print clearly.

### Personal Essay

As part of your application packet, please submit a 500-word essay that addresses these points:

- your decision to pursue the program;
- your expectations of the program to meet your professional goals; and
- how you believe you will contribute to the library and information science profession.

Handwritten essays will not be accepted.

### Recommendations

Two signed recommendation forms and letters of recommendation must be submitted by individuals —managers, supervisors, professors or academic advisors—who can attest to your scholastic ability and professional promise. No personal or peer recommendations will be accepted. Please request that the recommendation forms and letters be returned to you in sealed envelopes, signed across the seal.

### Transcripts

Official copies of all transcripts from each university or college from which credits were applied towards your baccalaureate degree are required. Additionally, transcripts recording masters, doctoral or professional degrees may be submitted but are not required. Please request that the registrar(s) return the transcripts to you sealed in an envelope, signed across the seal.

### GPA and Test Scores

Applicants who do not meet the cumulative 3.0 grade point average (GPA) criterion will be required to provide test scores from either the Miller Analogies Test (MAT) or the Graduate Record Exam (GRE) to complete their application. The MAT score must be 404 or higher, and the GRE scores must be a combined score of at least 1,000 and a 3.5 on the analytical writing portion. Applicants will have a maximum of three opportunities to submit test scores.

### Admission Considerations for Applicants Holding Advanced Degrees

The primary criteria for admission to the Graduate School of Library and Information Science are an undergraduate cumulative (GPA) of 3.0, two recommendation forms with attached letters of support and a personal essay.

When an applicant has earned a graduate degree, such as a master's degree in a discipline other than library and information science or a PhD, MD, JD, etc. from an accredited institution, the Admission Committee will consider the GPA for the advanced degree in the overall admissions process.

International students must submit a score from the Test of English as a Foreign Language (TOEFL). Students who received a bachelor's degree in a language other than English may also be required to submit TOEFL scores. An official copy of your score report must be sent to Dominican University before you will be considered for admission. The minimum requirement is 220 for computer score or 560 for paper score. The code for Dominican University is 1667.

### Application Fee

Please enclose the non-refundable application fee of \$25 with a check or money order payable to Dominican University.

It is the applicant's responsibility to compile a complete packet. Determination of admission may be delayed if your application is not complete.



7900 West Division Street  
River Forest, IL 60305

# Application

The Graduate School of Library and Information Science Educating Library Leaders

Telephone: (708) 524-6845  
Fax: (708) 524-6657  
gslis@dom.edu  
www.gslis.dom.edu

- Fall (September-December) Year \_\_\_\_\_
- Spring (January-April)
- Summer (May-August)

### I am applying for the following degree program:

- MLIS
- MLIS/School Library Media
- MS/Knowledge Management

### I am applying for one of these joint degrees:

- MLIS/MBA
- MLIS/MDIV
- MLIS/MM
- MLIS/MPubHst

### I am applying for one of these certificates:

- Special Studies (Post-MLIS)
- School Library Media Program
- Knowledge Management

### I am planning to take courses primarily at:

- River Forest
- Chicago Loop
- Grayslake

### I plan to study:

- Full-Time
- Part-Time

Please complete both sides of this application form.

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden, if applicable)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Gender:  Male  Female

Citizenship Status:  US Citizen  Permanent Resident  Other

If not a US Citizen or Permanent Resident: Type of Visa \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

The following data is for institutional use only.

Ethnicity:  American Indian/Alaskan Native  Asian/Pacific Islander  Hispanic  
 Black, Non-Hispanic  White, Non-Hispanic  Multi-Racial

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

How did you hear about Dominican University? \_\_\_\_\_

### Colleges and Universities Attended

List in chronological order all institutions that contributed to your undergraduate or graduate degree(s).

Institution	Location	Program of Study	Degree Type	Date Received

### Honors/Distinctions Received

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Work Experience

List employment, beginning with your most recent employer. (Attach resume, if desired.)

Organization	Location	Position	Dates

### Waiver

I affirm that all of the above statements are true, complete and correct to the best of my knowledge and belief. I understand any false or misleading statement may constitute grounds for denial of admission or later expulsion.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail this completed application form with sealed recommendations, sealed transcripts, personal essay, application fee and all necessary test scores to:

Graduate School of Library and Information Science  
Office of Admission  
Dominican University  
7900 West Division Street  
River Forest, IL 60305

For more information, call (708) 524-6845 or visit [www.gslis.dom.edu](http://www.gslis.dom.edu).

Application material is considered confidential. It is shared only with those persons concerned with your admission and educational experience.

Dominican University does not discriminate on the basis of race, sex, color, gender, religion, national or ethnic origin, disability, age, marital status or sexual orientation.

### Financial Aid Information

Applications for federal Stafford loans are available in the Office of Financial Aid.

If your employer provides tuition assistance, you must submit a copy of your employer's tuition assistance policy to the Office of Financial Aid upon your acceptance to the GSLIS.

If you are seeking GSLIS scholarship, you must submit scores from the GRE or MAT at the time you submit your scholarship application form.

Scholarships are awarded each semester. Applicants must submit a separate application form for EACH semester and a current Free Application for Federal Student Aid (FAFSA) form must be on file. FAFSA applications may be filed at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). The school code for Dominican University is 001750.

Dominican University  
Office of Financial Aid  
7900 West Division Street  
River Forest, IL 60305  
(708) 524-6809  
[finaid@dom.edu](mailto:finaid@dom.edu)



## Recommendation

The Graduate School of Library and Information Science Educating Library Leaders

**For the Applicant** Please complete the top portion of this form before giving it to a recommender.

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Waiver

I authorize \_\_\_\_\_ to complete this recommendation form and understand that this information will be kept confidential.

I understand that under Dominican University's policy on confidentiality I have the right to examine this recommendation following my matriculation at the university unless such right is waived. I understand that this recommendation will be used only in connection with my application for admission to the Graduate School of Library and Information Science. I understand that signing the waiver is not a condition of admission. I hereby expressly waive my right to examine or have access to this recommendation form and letter.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For the Recommender** The person named above has requested admission to the Graduate School of Library and Information Science at Dominican University and has named you as a reference. Please provide your assessment of the candidate's professional and academic suitability for a career in the library and information science profession by attaching a letter of recommendation to this form.

In your letter, please address these qualities to the best of your ability:

- Scholastic Ability
- Writing Ability
- Presentation Skills
- Motivation
- Interpersonal Skills
- Organizational Ability

In what capacity have you known the applicant?

Current or former professor/instructor     Current or former employer

How long have you known the applicant? \_\_\_\_\_

Name of Recommender \_\_\_\_\_ Title \_\_\_\_\_

Name of Organization \_\_\_\_\_

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

Address \_\_\_\_\_

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach your letter to this form and return it to the applicant in an envelope, signed across the seal.



## Recommendation

The Graduate School of Library and Information Science Educating Library Leaders

**For the Applicant** Please complete the top portion of this form before giving it to a recommender.

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Waiver

I authorize \_\_\_\_\_ to complete this recommendation form and understand that this information will be kept confidential.

I understand that under Dominican University's policy on confidentiality I have the right to examine this recommendation following my matriculation at the university unless such right is waived. I understand that this recommendation will be used only in connection with my application for admission to the Graduate School of Library and Information Science. I understand that signing the waiver is not a condition of admission. I hereby expressly waive my right to examine or have access to this recommendation form and letter.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For the Recommender** The person named above has requested admission to the Graduate School of Library and Information Science at Dominican University and has named you as a reference. Please provide your assessment of the candidate's professional and academic suitability for a career in the library and information science profession by attaching a letter of recommendation to this form.

In your letter, please address these qualities to the best of your ability:

- Scholastic Ability
- Writing Ability
- Presentation Skills
- Motivation
- Interpersonal Skills
- Organizational Ability

In what capacity have you known the applicant?

Current or former professor/instructor     Current or former employer

How long have you known the applicant? \_\_\_\_\_

Name of Recommender \_\_\_\_\_ Title \_\_\_\_\_

Name of Organization \_\_\_\_\_

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

Address \_\_\_\_\_

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach your letter to this form and return it to the applicant in an envelope, signed across the seal.



## Transcript Request

Dominican University Graduate School of Library and Information Science

Applicants should complete this request form before sending it to the registrar.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Other names used \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

School \_\_\_\_\_

Dates of Enrollment \_\_\_\_\_ Year \_\_\_\_\_ Degree \_\_\_\_\_

My permission is given for release of my academic transcript to the Dominican University Graduate School of Library and Information Science. This transcript must be sealed and sent to my attention.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR THE REGISTRAR**  
Please attach this form to the applicant's transcript(s) and return all materials to the applicant in a sealed envelope, signed across the seal.



## Transcript Request

Dominican University Graduate School of Library and Information Science

Applicants should complete this request form before sending it to the registrar.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Other names used \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

School \_\_\_\_\_

Dates of Enrollment \_\_\_\_\_ Year \_\_\_\_\_ Degree \_\_\_\_\_

My permission is given for release of my academic transcript to the Dominican University Graduate School of Library and Information Science. This transcript must be sealed and sent to my attention.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR THE REGISTRAR**  
Please attach this form to the applicant's transcript(s) and return all materials to the applicant in a sealed envelope, signed across the seal.



## Transcript Request

Dominican University Graduate School of Library and Information Science

Applicants should complete this request form before sending it to the registrar.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Other names used \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

School \_\_\_\_\_

Dates of Enrollment \_\_\_\_\_ Year \_\_\_\_\_ Degree \_\_\_\_\_

My permission is given for release of my academic transcript to the Dominican University Graduate School of Library and Information Science. This transcript must be sealed and sent to my attention.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR THE REGISTRAR**  
Please attach this form to the applicant's transcript(s) and return all materials to the applicant in a sealed envelope, signed across the seal.

### **Our Mission**

As a Sinsinawa  
Dominican-sponsored  
institution,  
Dominican University  
prepares students  
to pursue truth,  
to give compassionate service  
and to participate  
in the creation  
of a more just  
and humane world.



Graduate School of Library  
and Information Science  
7900 West Division Street  
River Forest, IL 60305  
(708) 524-6845  
Fax: (708) 524-6657  
gslis@dom.edu  
www.gslis.dom.edu