



# MLIS Technologies Competency VERIFICATION

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Department: \_\_\_\_\_ USC ID# \_\_\_\_\_

Date Competency Passed: \_\_\_\_\_

I verify that the named student has successfully demonstrated  
the MLIS Technologies Competency.

Department Graduate Director: \_\_\_\_\_

Graduate School Coordinator's Initials: \_\_\_\_\_