



# Museum Studies Certificate Program

## Registration Form

*Please note that if you intend to participate in the Museum Studies Certificate Program you must first register with the MANL Office.*

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

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

**Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Organization (if applicable):** \_\_\_\_\_

**Are you currently a member of MANL?** \_\_\_\_\_

In order to better understand our participants, we ask that you provide a brief overview of you museum work (volunteer or paid) and/or museum academic training and experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please review the attached Certificate in Museum Studies Program Overview.

I have read, understand, and express my intention to comply with the policies and procedures governing the Museum Studies Certificate Program as outlined in *Certificate in Museum Studies Program Overview*.

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

Information collected in the program registration document and grades accumulated by participants is intended for the administration of this program and is consider personal and confidential.