



Doctoral Program Students
Seminar Request Form

*First Name: _____ *Last Name: _____

*E-mail Address: _____

*Contact Number: _____

*Program/Concentration: _____

*Preferred Date: _____ *Preferred Time: _____

*Comments/Special Instruction: _____

IMPORTANT: *Doctoral Project Seminars must be scheduled at least a week in advanced to ensure availability and adequate preparation time. Dates requested are tentative until confirmed by the Library Support Assistant.*

Please contact Shaina Berlant, Library Support Assistant @ sberlant@albizu.edu or

305-593-1223- ext. 3220 with questions about seminars.