



## Minerva Cataloging

### Certification of completion of training steps to advance in cataloging level

Name:

Library:

Date:

Permissions Level requested:

- Level 1
- Level 2
- Level 3

I, \_\_\_\_\_, certify that I have completed the steps outlined on the PATH TO ADVANCEMENT page.

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Signature

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Supervisor/Department Head Signature

Committee use only:

Date Maine InfoNet ticket created: \_\_\_\_\_

Date new login issued: \_\_\_\_\_

Approved by: \_\_\_\_\_