

SECTION A.		
INSTITUTION NAME	REGIONAL SERVICE PROVIDER	OCLC SYMBOL
LIBRARY		
CONTACT PERSON		TITLE
TELEPHONE NUMBER	EXTENSION	E-MAIL ADDRESS
MAILING ADDRESS		
SECTION B. ANSWER EACH ITEM ONLY FOR THE FORMAT FOR WHICH ENHANCE IS REQUESTED		
<small>(COMPLETE A SEPARATE APPLICATION FOR EACH FORMAT.)</small>		
<p>1. Format for which Enhance authorization is requested (e.g.: books, sound recordings, visual materials, etc.):</p> <p>_____</p>		
<p>2. Approximate collection size for materials in this format (if other than title count, please specify) Total titles: _____</p>		
<p>3. Approximate annual cataloging activity for materials in this format</p> <p>Number of titles cataloged in WorldCat: _____</p> <p>Number of new records added to WorldCat: _____</p> <p>How many records do you estimate you will enhance each year? _____</p>		
<p>4. Approximate year your library began using the OCLC cataloging system for materials in this format: _____</p>		
<p>5. Classification scheme (e.g. Library of Congress, Dewey, etc.): _____</p>		
<p>6. Subject heading authority (e.g. LCSH, MeSH, Sears, etc.): _____</p>		
SECTION C. These questions serve to introduce us to your library and give you a chance to tell us why your library would like to be an Enhance participant		
<p>1. Describe briefly the methods of internal quality control practices in processing original input and use of other OCLC member input (e.g. use of save file and/or review, mentoring programs, etc.)</p> <p>_____</p>		
<p>2. Describe briefly the methods routinely followed to improve the quality of WorldCat (e.g. submitting change requests to OCLC Quality Control, applying LC updates, participation in local, network, and regional cataloging committees, etc.)</p> <p>_____</p>		
<p>3. Describe any special staff capabilities, collections of materials, subject strengths, or special projects at your library which may be related to this application. Leaving this area blank will not adversely affect your application.</p> <p>_____</p>		
PLEASE ATTACH A LIST OF 10-15 OCLC CONTROL NUMBERS FOR ELvi: I RECORDS IN THIS FORMAT WHICH YOUR INSTITUTION HAS INPUT AND THAT HAVE BEEN THOROUGHLY REVIEWED BY YOUR INSTITUTION.		
SIGNATURE OF PERSON COMPLETING APPLICATION		DATE