



Application for Admission

To what program(s) are you applying? \_\_\_\_\_

When do you wish to enter?  Spring  Summer  Fall Year \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Ethnic Origin

- American Indian or Alaskan Native
 Asian or Pacific Islander
 Black, not of Hispanic origin
 Hispanic
 White, not of Hispanic origin
 Other/Multiracial \_\_\_\_\_

Gender

- Female
 Male

Marital Status \_\_\_\_\_

Number of Dependents \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Do you consider yourself a resident of Louisiana?  No  Yes

Have you served in the US Armed Forces?  No  Yes, when \_\_\_\_\_

Do you have any physical handicaps?  No  Yes, describe \_\_\_\_\_

Name of Spouse \_\_\_\_\_  
Last First Middle

CONTACT INFORMATION

Current Address

Street \_\_\_\_\_ City \_\_\_\_\_

Parish/County \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Length of time at this address \_\_\_\_\_

Permanent Address

Street \_\_\_\_\_ City \_\_\_\_\_

Parish/County \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Length of time at this address \_\_\_\_\_

Telephone

Daytime \_\_\_\_\_

Evening \_\_\_\_\_

Email \_\_\_\_\_



EDUCATIONAL BACKGROUND

High School

Name City County/Parish State/Country Date of High School Graduation

Colleges or Universities Attended

Table with 4 rows for college/university information: Name, Dates from, to, City/State/Country, Degree

Have you been suspended from a college/university for academic or disciplinary reasons?

No Yes, give name of institution and date

Are you in school now? No Yes, name of school

Have you ever applied to the LSUHSC School of Graduate Studies in New Orleans or Shreveport?

No Yes, when Accepted Rejected

Have you ever applied to the LSUHSC School of Medicine in New Orleans or Shreveport?

No Yes, when Accepted Rejected

Have you ever applied to medical school elsewhere?

No Yes, when Accepted Rejected

FOREIGN STUDENTS

If already in the United States, under what type of visa did you enter?

Do you have a permanent resident card? No Yes, number of card

Visa Type Expiration Date

A copy of your visa card or permanent resident card (green card) must be submitted at registration.



UNOFFICIAL INFORMATION

This information will facilitate the processing of your application, but will not substitute for the official records.

Overall Undergraduate GPA (on a 4.0 Scale) \_\_\_\_\_ Science GPA \_\_\_\_\_ Graduate GPA \_\_\_\_\_

General GRE Test Date \_\_\_\_\_ Quantitative \_\_\_\_\_ Percentile \_\_\_\_\_
Verbal \_\_\_\_\_ Percentile \_\_\_\_\_ Analytical \_\_\_\_\_ Percentile \_\_\_\_\_

Advanced GRE Test date \_\_\_\_\_ Subject \_\_\_\_\_ Score \_\_\_\_\_ Percentile \_\_\_\_\_

TOEFL (if applicable) Test Date \_\_\_\_\_ Score \_\_\_\_\_

If you have not taken the GRE or TOEFL (if applicable), give the date you plan to do so?

SELECTIVE SERVICE REQUIREMENT

Louisiana State Law (RS 17:3151) states that anyone required to register for the federal draft under the federal Military Selective Service Act must be registered prior to enrollment in any institution of the LSU System, which includes LSU Health Sciences Center in New Orleans. Please sign your name below, indicating that you are in compliance with this law.

I, \_\_\_\_\_, have registered with the Selective Service System in accordance with the Military Selective Service Act.

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

If you are not required to register with the Selective Service, please indicate the reason why.

I certify that the information on this application is correct and complete. I understand that if it is later found to be otherwise, my application will be rejected, or, in the event that I am enrolled, I will be dismissed from the University.

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

Please note: Your application is your responsibility! You will not be notified if your application is incomplete. You may telephone (504) 568-2211 to inquire if all of your application materials have been received. Please remember that an incomplete or late application will jeopardize your chances of admission. Items are sometimes lost in the mail; therefore, it is your responsibility, and to your advantage, to ensure that all of your application materials have been received.

Please return this form with the \$30\* application fee to the following address.

School of Graduate Studies
LSU Health Sciences Center in New Orleans
433 Bolivar Street, Room 826
New Orleans, LA 70112-2223

\* If you apply to more than one program, \$30 must be submitted for each program to which you apply.

Make checks payable to LSU Health Sciences Center in New Orleans