



Application for Admission

All Fields are Required.

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 _____

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 @U`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?

Yes/No checkboxes and date field

Are you in school now? Yes/No checkboxes and school name field

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

Yes/No checkboxes, when field, Accepted/Rejected checkboxes

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

Yes/No checkboxes, when field, Accepted/Rejected checkboxes

Have you ever applied to medical school elsewhere?

Yes/No checkboxes, when field, Accepted/Rejected checkboxes

FOREIGN STUDENTS

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

Do you have a permanent resident card? Yes/No checkboxes and number of card field

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 dfc[fUa z'' ' \$ must be submitted for each program to which you apply.

Make checks payable to LSU Health Sciences Center in New Orleans