



School of Graduate Studies

Louisiana State University Health Sciences Center – New Orleans

Application for Admission

Name: _____
Family Name First Middle Maiden

Ethnic Origin: Alaska/Native American Asian or Pacific Islander African American Caucasian Hispanic Other _____

Social Security Number _____ Gender _____ Marital Status _____

Name of Spouse: _____ Number of dependents: _____

Have you served in the United States' Armed Services? Yes No If yes, when? _____

To what program are you applying? _____
(If you are applying to one or more programs, you must complete an application and pay an application fee of \$30 for each program.)

When do you wish to enter? Spring Summer Fall Year: _____

Do you consider yourself a resident of Louisiana? Yes No

Current Address _____
Street City Parish/County State Country Postal Code

How long have you been living at this address? _____

Permanent Address _____
Street City Parish/County State Country Postal Code

How long have you been living at this address? _____ Email: _____

Preferred telephone contact: _____
Work: Area code Number Home: Area code Number

Citizen of _____ Date of Birth _____
Country Month Day Year

Place of Birth _____

High School _____
Name City Parish/County State/Country

Date of Graduation from High School _____

Have you received a degree from a college or university? Yes No Date _____

Last colleges or universities attended:

Name	City/State/Country	Dates	Degree
_____	_____	from: _____ to: _____	_____
_____	_____	from: _____ to: _____	_____
_____	_____	from: _____ to: _____	_____

Have you been suspended from any college or university for scholastic deficiency or disciplinary reasons? Yes No
If yes, give name of institution and date _____

Are you in school now? Yes No Name of school _____

Do you plan to work towards a degree at LSU Health Sciences Center? Yes No
If no, what are your plans _____

Foreign Students: If you are already in the United States, under what type of visa have you entered? _____

Do you have a permanent resident card? Yes No If yes, give the number of the card _____

Visa type _____ Expiration Date _____

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

Do you have any physical handicaps? Yes No If yes, describe _____

Have you ever applied to the LSU School of Graduate Studies before? Yes No When _____ Accepted Rejected

Have you ever applied to the LSU School of Medicine? Yes No When _____ Accepted Rejected

Have you ever applied to medical school elsewhere? Yes No When _____ Accepted Rejected

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 _____ %'tile _____

Verbal _____ %'tile _____

Analytical _____ %'tile _____

Advanced GRE Test Date _____ Subject _____ Score _____ %'tile _____

TOEFL (if applicable) Test Date _____ Score _____

If you have taken the GRE or TOEFL (if applicable), when do you plan to do so? _____
Date

Selective Service Requirement (to be completed by U.S. citizens)

State law requires that you register for the federal draft, under the federal Military Selective Service Act, prior to your enrollment in any institution of the LSU System which includes the LSU Health Sciences Center in New Orleans. Please sign your name below indicating that you are in compliance with state law.

I, _____, have registered with the selective service system in accordance with the Military Selective Service Act.

Print your name

Signature

Date

If you are not required to register with the selective service system, please indicate the reason why. _____

I certify that the information given 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 if you wish 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 your application materials are complete.

Please return this form with \$30 application fee to: (if you applying to two departments, send \$60; for three departments, \$90, etc.)

School of Graduate Studies
LSU Health Sciences Center
433 Bolivar Street Room 827
New Orleans, LA 70112-2223

Make checks payable to "L.S.U. Health Sciences Center"