



# 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"