

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER  
SCHOOL OF ALLIED HEALTH PROFESSIONS  
OFFICE OF STUDENT AFFAIRS**

1900 Gravier Street, New Orleans, LA 70112

Phone: 504-568-4254 FAX: 504-568-3185 <http://www.lsuhscc.edu> Email: [sahpsa@lsuhsc.edu](mailto:sahpsa@lsuhsc.edu)

Thank you for your interest in the **Medical Technology program** at the LSUHSC, School of Allied Health Professions, Department of Clinical Laboratory Sciences.

**YOUR CLS/MT APPLICATION PACKET FOR YEAR 2010 CONTAINS**

5 PAGE APPLICATION	RECOMMENDATION OF APPLICANT FORM
TRANSCRIPT REQUEST FORM	TECHNICAL STANDARDS POLICY

**RECEIPT OF APPLICATION AND TRANSCRIPT DEADLINE:**

**AUGUST 30, 2009 – ENTRY INTO SPRING 2010**

**Completed applications received by August 1 will be considered for early admission.  
Non-refundable \$50.00 fee payable to LSUHSC must accompany application.**

**APPLICATION INSTRUCTIONS**

- Please use a blue or black ballpoint pen or typewriter.
- Be sure to date and sign your application.
- An incomplete or illegible application will be returned.

**TRANSCRIPT REQUEST FORM**

Two (2) official transcripts from each college/university attended must be received in the Office of Student Affairs in accordance with the application "postmark" deadline. You are responsible for the distribution of the Transcript Request Form and the collection of the official transcripts.

- Complete the "TO THE APPLICANT" portion of the form.
- Send a self-addressed, stamped envelope and the completed transcript request form to the Registrar of **each** college or university attended.
- The transcripts may be returned directly to you (**in sealed envelopes**) if enclosing with your application **OR** sent directly to the Office of Student Affairs by the Registrar if your application has already been forwarded to LSUHSC. Please **DO NOT OPEN THE SEALED ENVELOPE(S)**.

If you are submitting your application more than one regular semester prior to the anticipated date of entry (example: Spring for next Spring entry), transcripts should **not** be ordered until grades from that semester have been posted. The remainder of the application materials may be submitted and transcripts should follow after the appropriate grades have been posted. Follow-up transcripts must be forwarded to the Office of Student Affairs upon the completion of subsequent semesters prior to the first day of class at the School of Allied Health Professions.

## RECOMMENDATION OF APPLICANT FORM

Download and distribute the Recommendation of Applicant Form to **two (2)** appropriate individuals accompanied by a self-addressed, stamped return envelope. These recommendation forms should speak to your tenacity and accomplishments. Referrals should be derived from your public/work activities which reflect your potential for success in medical technology field such as:

1. Faculty members who have taught or worked with you in college
2. Professionals who have worked with you in supervisory positions within an agency or on the job.
3. Employers

When the recommendations are returned to you, **DO NOT OPEN** – envelopes with broken seals will not be reviewed.

## ACT SCORE REPORT

Please refer to the ACT Website [www.act.org/aap/scores/online2.html](http://www.act.org/aap/scores/online2.html) to secure official ACT scores. Our code number is 1624. Please have the score report sent directly to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier Street, New Orleans, LA 70112. For further information, please refer to the ACT website – [www.act.org](http://www.act.org)

## RETURN TO THE OFFICE OF STUDENT AFFAIRS

- Completed **Application** by the deadline date, plus you **\$50.00** application **fee**
- Sealed, Signed envelope(s) containing 2 official **transcripts** from every university attended by the application receipt deadline
- **Recommendation Forms**
- **ACT** scores – LSUHSC ALLIED HEALTH ACT CODE NUMBER -1624

Return all of the above to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier St., 6<sup>th</sup> Floor, New Orleans, LA 70112-2262

**NOTE 1:** If you send your application packet DURING ANY semester, while you are enrolled in a college/university, it will be necessary for you to submit two (2) official copies of your transcript after completion of that particular semester.

**NOTE 2:** If you have any questions after reviewing the self-managed application, please contact the Office of Student Affairs – 504-568-4254

**NOTE 3:** Questions regarding departmental interviews, curriculum, academic schedules, or special circumstance should be directed to the department head, Dr. Louann Lawrence at 504-568-4276

**NOTE 4:** If you are accepted into the program you will be required to pay a non-refundable \$50.00 acceptance fee. This fee will be applied toward your first academic semester. Request for this fee will be included with the departmental letter of acceptance.

Additional Enclosures: Tuition Fee Sheet  
Louisiana Residency Policy