

**LSUHSC SCHOOL OF ALLIED HEALTH PROFESSIONS
ADMISSION APPLICATION**

This information is required for State and Federal statistical reporting and is not used for selection purposes.

DATE: _____

NAME:

LAST	FIRST	FULL MIDDLE NAME
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SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: ____ / ____ / ____ SEX: Male Female

MARITAL STATUS: Single Married Separated Divorced Widow (er)

NUMBER OF DEPENDENTS (INCLUDE YOURSELF): _____

ETHNIC ORIGIN: American Indian or Alaska Native Asian Black or African Hispanic or Latino

Native Hawaiian or Pacific Islander White Other (please specify) _____

I do not wish to indicate

Veteran Status: Veteran Non-Veteran If you are a veteran of the U.S. Military Service are you eligible for and certified by the Veterans Administration for education benefits? Yes No

For Louisiana licensure purposes, have you ever been convicted, pled guilty, or are you presently charged with a crime (felony) which might be punishable by imprisonment in a penitentiary? Yes No

STUDENTS WITH DISABILITIES

If you have any questions/concerns about the American with Disabilities Act or specific questions about students with disabilities you may contact:

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