



**RESIDENCY INFORMATION**

I am now and have been since \_\_\_\_\_ a resident of \_\_\_\_\_  
Date Name of State

Father's Name (if living) \_\_\_\_\_ Mother's Name (if living) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Number Years in residence: \_\_\_\_\_ Number Years in residence: \_\_\_\_\_

Telephone:( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Telephone :( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Business Home Business

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

For tax purposes, which person claims you as a deduction?  Self  Father  Mother  Guardian  
For emergency purposes, please provide the name, address, phone number, and relationship of contact:

**RESIDENT ALIEN - PLEASE COMPLETE**

Country of Citizenship: \_\_\_\_\_

Alien registration number : \_\_\_\_\_ ( enclose photocopy of both sides of card)

Date and Score of TOEFL (an overall score of 500 must be met): \_\_\_\_\_  
Month Year Score

**EDUCATIONAL INFORMATION**

List all HIGH SCHOOLS, TRADE or VOCATIONAL SCHOOLS (use separate sheet if necessary)

NAME OF SCHOOL	CITY/STATE	DATE ENTERED	DATE GRADUATED
_____	_____	_____	_____
_____	_____	_____	_____

List all COLLEGES and UNIVERSITIES you have attended. Please list in the same order attended (i.e. first attended is Number 1)

NAME	LOCATION	MAJOR	DATES ATTENDED	* DEGREE CONFERRED
_____	_____	_____	FROM: _____ TO: _____ Mo/Yr Mo/Yr	_____
_____	_____	_____	FROM: _____ TO: _____ Mo/Yr Mo/Yr	_____
_____	_____	_____	FROM: _____ TO: _____ Mo/Yr Mo/Yr	_____

Has your education to date been continuous other than for vacations?  Yes  No or if not currently attending college,  
please explain) \_\_\_\_\_

Have you previously APPLIED to the LSUHSC?  No  Yes \_\_\_\_\_  
discipline(s) semester(s) year(s)

Have you previously been ENROLLED at the LSUHSC?  No  Yes \_\_\_\_\_  
discipline(s) semester(s) year(s)

### SCHEDULED COURSES

I am  I am - not currently enrolled during the  FALL  SPRING  SUMMER semester. If enrolled, please complete.

Example: ABC Univ                      Engl                      1001                      Composition                      3

COLLEGE/UNIVERSITY	DEPARTMENT CODE	COURSE NUMBER	TITLE	CREDIT HOURS

I am  I am - not currently enrolled during the  FALL  SPRING  SUMMER semester. If enrolled, please complete.

COLLEGE/UNIVERSITY	DEPARTMENT CODE	COURSE NUMBER	TITLE	CREDIT HOURS

Please use this area if explanation is needed for any of the courses listed above: \_\_\_\_\_

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EXPERIENCE AND AUTOBIOGRAPHICAL INFORMATION

The Admissions Committee is interested in your reasons for entering this field and in your ability to express the motivation behind your decision. Please print or type the reason(s) you are choosing this specialty as your profession.

ALL APPLICANTS - PLEASE READ AND SIGN THE FOLLOWING  
Applications without signature will be rejected

I certify, that to the best of my knowledge, the information provided on this application is correct and complete. I understand that, if it is later found to be otherwise, my application may be rejected or, in the event that I am enrolled, I will be subject to dismissal from the University.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

The LSU System assures equal opportunity for all qualified persons without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, marital status or veteran status in the admission to, participation in, or employment in programs and activities which the LSU System operates.