

**Louisiana State University Health Sciences Center, New Orleans
SCHOOL OF ALLIED HEALTH PROFESSIONS**

**Master of Occupational Therapy
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

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 American
 Hispanic or Latino Native Hawaiian or Other 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 Americans with Disabilities Act or specific questions about students with disabilities you may contact:

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