

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

1900 Gravier Street
New Orleans, Louisiana 70112

www.lsuhs.edu

Phone: (504) 568-6299

Email: sahpsa@lsuhsc.edu

Thank you for your interest in the **Department of Communication Disorders**

Master of Speech Language Pathology

YOUR APPLICATION PACKET FOR YEAR 2010 CONTAINS

5 PAGE APPLICATION	TRANSCRIPT REQUEST
TECHNICAL STANDARDS STATEMENT	RECOMMENDATION FORM

APPLICATION AND TRANSCRIPT "POSTMARK" DEADLINE:

FEBRUARY 15, 2010

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 enclosed envelopes and the collection of the official transcripts.

- ✓ Complete the "TO THE APPLICANT" portion of the form.
- ✓ Send an enclosed 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)**.

RECOMMENDATION

FORMS

Please distribute the Recommendation of Applicant Form to **three (3)** appropriate individuals accompanied by one of the enclosed 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 successful graduate work in fields 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.

GRADUATE RECORD EXAM (GRE) SCORES

Please request your official GRE scores from **www.gre.org**. Scores need to be received by LSUHSC School of Allied Health Professions by the application deadline date. Our school code number is **6352**. Test scores will only be accepted within the past five (5) years.

Your scores need to be available by the February 15, 2010 application return deadline date

RETURN TO THE OFFICE OF STUDENT AFFAIRS

- ✓ Completed **Application** by the deadline date, plus your **\$50.00** application **fee**
- ✓ Sealed, Signed envelope(s) containing 2 official **transcripts** from every university attended by the application deadline
- ✓ **3 Recommendation Forms**
- ✓ **GRE** scores

Return all the above to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier Street, New Orleans, LA 70112

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 at 504 568-6299.

NOTE 3: If you have questions regarding curriculum, academic schedules, or special circumstances please contact the Department of Communication Disorders at 504 568-4348.

Additional Enclosures: Tuition Fee Sheet
Louisiana Residency Policy