

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER  
SCHOOL OF ALLIED HEALTH PROFESSIONS**

Office of Student Affairs  
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**ADMISSION APPLICATION  
Doctorate in Audiology**

**\$50.00 Application Fee Required**

**ENTERING SEMESTER:** \_\_\_\_\_ Fall 200\_\_\_\_  
Yr

**Please use ballpoint pen or typewriter. Illegible or incomplete applications will be returned.**

Social Security Number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last First Middle ( Full Name)

Please indicate previous names that have been used (maiden, marriage, etc.) \_\_\_\_\_

**LEGAL ADDRESS:** How long have you been at this residence? \_\_\_\_\_ Years \_\_\_\_\_ Months

Number & Street City Parish/County  
State Zip Code Country Phone No. ( ) \_\_\_\_\_

**MAILING ADDRESS ~ FOR ADMISSIONS CORRESPONDENCE ~** How long at residence? \_\_\_\_\_ Years \_\_\_\_\_ Months

Number & Street City Parish/County  
State Zip Code Country Phone No. ( ) \_\_\_\_\_

How long will the **Admissions Correspondence Address** be valid?: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State Country

FAX Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Please list all employers for the past five years . List current employer first. Append additional sheet if necessary:

Name of Firm City/State Mo & Yr Position

Name of Firm City/State Mo & Yr Position

**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 220 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: _____ <small>Mo/Yr Mo/Yr</small>	_____
_____	_____	_____	FROM: _____ TO: _____ <small>Mo/Yr Mo/Yr</small>	_____
_____	_____	_____	FROM: _____ TO: _____ <small>Mo/Yr Mo/Yr</small>	_____

Has your education to date been continuous other than for vacations?  Yes  No (if 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)

A. Have you applied to Graduate School elsewhere?  No  Yes If yes, were you accepted?  No  Yes  
 When and where did you apply? \_\_\_\_\_

B. Have you taken the Graduate Record Exam (GRE) General Test?  No  Yes  
 Date Taken: \_\_\_\_\_ Test Results: \_\_\_\_\_ Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_  
 \_\_\_\_\_ Analytical (on 10/01/02 this section became Analytical Writing)

SCHEDULED COURSES

I am  I am not - currently enrolled during the:  FALL  SPRING  SUMMER semester. Please complete.

Example: ABC Univ Engl 1001 Composition 3

COLLEGE/ UNIVERSITY	DEPARTMENT CODE	COURSE NUMBER	TITLE	CREDIT HOURS

I will be  I will not be - enrolled during the  FALL  SPRING  SUMMER semester. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: As of October 1, 2002 the General Test constituted verbal, quantitative, and analytical writing sections. The GRE Writing Assessment was discontinued as a stand-alone test after December 2002.

**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 you are choosing this as your profession. If you have had any experience in the health care field (i.e volunteer work, summer employment, full time employment, observations, etc.) please include in your narrative.

**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 will 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 veterans status in the admission to participate in or employment in programs and activities which the LSU System operates.

Revised 12/02/05

