

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

