

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

1900 Gravier Street, Room 6B17, New Orleans, LA 70112

Phone: 504-568-4254 FAX: 504-568-3185 <http://www.lsuhscc.edu> Email: sahpsa@lsuhsc.edu

Thank you for your interest in the **Medical Technology program** at the LSUHSC, School of Allied Health Professions, Department of Clinical Laboratory Sciences.

YOUR CLS/MT APPLICATION PACKET CONTAINS

5 PAGE APPLICATION

RECOMMENDATION OF APPLICANT FORM

TRANSCRIPT

TECHNICAL STANDARDS POLICY

RECEIPT OF APPLICATION AND TRANSCRIPT DEADLINE:

AUGUST 31 – ENTRY INTO SPRING SEMESTER

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

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.

- 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)**.

If you are submitting your application more than one regular semester prior to the anticipated date of entry (example: Spring for next Spring entry), transcripts should **not** be ordered until grades from that semester have been posted. The remainder of the application materials may be submitted and transcripts should follow after the appropriate grades have been posted. Follow-up transcripts must be forwarded to the Office of Student Affairs upon the completion of subsequent semesters prior to the first day of class at the School of Allied Health Professions.

RECOMMENDATION OF APPLICANT FORM

Download and distribute the Recommendation of Applicant Form to **two (2)** appropriate individuals accompanied by a 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 success in medical technology field 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.

ACT SCORE REPORT (Recommended)

Please refer to the ACT Website www.act.org/aap/scores/online2.html to secure official ACT scores. Our code number is 1624. Please have the score report sent directly to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier Street, New Orleans, LA 70112. For further information, please refer to the ACT website – www.act.org

RETURN TO THE OFFICE OF STUDENT AFFAIRS

- Completed **Application** by the deadline date, plus you **\$50.00** application **fee**
- Sealed, Signed envelope(s) containing 2 official **transcripts** from every university attended by the application receipt deadline
- **Recommendation Forms**
- **ACT** scores – LSUHSC ALLIED HEALTH ACT CODE NUMBER -1624

Return all of the above to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier St., 6th Floor, New Orleans, LA 70112-2262

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 – 504-568-4254

NOTE 3: Questions regarding departmental interviews, curriculum, academic schedules, or special circumstance should be directed to the Department of Clinical laboratory Sciences at 504-568-4276.

NOTE 4: If you are accepted into the program you will be required to pay a non-refundable \$50.00 acceptance fee. This fee will be applied toward your first academic semester. Request for this fee will be included with the departmental letter of acceptance.

Additional Enclosures: Tuition Fee Sheet
Louisiana Residency Policy