LSUHSC SCHOOL OF ALLIED HEALTH PROFESSIONS
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): _____

Are you Hispanic or Latino? ____ Yes ___ No

ETHNIC ORIGIN: ___ American Indian or Alaska Native ___ Asian ___ Black or African ___ White

___Native Hawaiian or Pacific Islander ___ 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

STUDENTS WITH DISABILITIES

If you have any questions/concerns about the American with Disabilities Act or specific questions about students with disabilities you may contact:

Erin Dugan, Ph.D., Associate Dean for Academic Affairs
LSUSHC School of Allied Health Professions 411 S.
Prieur Street, Room 411, New Orleans, LA 70112
Phone: 504-556-3403 Fax: 504-556-7540
Email: emart3@lsuhsc.edu