

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF ALLIED HEALTH PROFESSIONS Office of
 Student Affairs, 1900 Gravier Street, Room 6B17, New Orleans, LA 70112

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BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY
NEW ORLEANS CAMPUS
<http://alliedhealth.lsuhs.edu/CL/>

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

Social Security Number: _____

Full Legal Name: _____
 Last First Middle (Full Name)

List all other last names that have been used (maiden, marriage, etc.) _____

LEGAL ADDRESS: How long have you been at 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 Admission Correspondence Address be valid? _____

Place of Birth: _____
 City State Country

FAX Number: _____ Electronic Mail: _____

EMPLOYMENT INFORMATION

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

CURRENT EMPLOYER, POSITION, LENGTH OF EMPLOYMENT, PHONE NUMBER

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:() _____ () _____
Home Business

Telephone :() _____ () _____
Home Business

Employer _____ Employer _____

Address _____ Address: _____

For tax purposes, which person claims you as a deduction? 9 Self 9 Father 9 Mother 9 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 500 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: _____ Mo/Yr Mo/Yr	_____
_____	_____	_____	FROM: _____ TO: _____ Mo/Yr Mo/Yr	_____
_____	_____	_____	FROM: _____ TO: _____ Mo/Yr Mo/Yr	_____

Has your education to date been continuous other than for vacations? 9 Yes 9 No or if not currently attending college,
please explain) _____

Have you previously APPLIED to the LSUHSC? 9 No 9 Yes _____
discipline(s) semester(s) year(s)

Have you previously been ENROLLED at the LSUHSC? 9 No 9 Yes _____
discipline(s) semester(s) year(s)

SCHEDULED COURSES

I am I am - not currently enrolled during the FALL SPRING SUMMER semester. If enrolled, please complete.

Example: ABC Univ Engl 1001 Composition 3

COLLEGE/UNIVERSITY	DEPARTMENT CODE	COURSE NUMBER	TITLE	CREDIT HOURS

I am I am - not currently enrolled during the FALL SPRING SUMMER semester. If enrolled, 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: _____

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(s) you are choosing this specialty as your profession.

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 may 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 veteran status in the admission to, participation in, or employment in programs and activities which the LSU System operates.