

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER- NEW ORLEANS  
SCHOOL OF ALLIED HEALTH PROFESSIONS  
OFFICE OF STUDENT AFFAIRS  
1900 Gravier Street  
New Orleans, Louisiana 70112-2262

## Cardiopulmonary Science Department Acceptance Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

### ENROLLMENT INTENTION:

- I am planning to enroll in the Cardiopulmonary Science Program
- I do not plan to enroll in the Cardiopulmonary Science Program

### ENROLLMENT DEPOSIT:

- I have paid the non-refundable \$50.00 deposit electronically.
- Enclosed is the Acceptance Check non-refundable of \$50.00 made payable to LSUHSC.

Signature of applicant: \_\_\_\_\_

**DEADLINE: RETURN FORMS AND SUBMIT PAYMENT BY Friday, February 3, 2023.**

Deposits are paid at the following link: <https://www.lsuhs.edu/prospect/estudents/feepayment>  
or mail to the School of Allied Health Professions (please see the address below).

**Completed forms must be submitted to: [sahpsa@lsuhsc.edu](mailto:sahpsa@lsuhsc.edu)**

SCHOOL OF ALLIED HEALTH PROFESSIONS  
**SAHP Office of Student Affairs**  
6-B17  
1900 Gravier Street  
New Orleans, Louisiana 70112-2262