



School of Graduate Studies
Louisiana State University Health Sciences Center
Shreveport, Louisiana 71130

APPLICATION FOR ADMISSION

Please Type or Print

Name: _____

Social Security No.: _____ Ethnic Background: _____ Male Female

Veteran? Yes No

List any Handicaps: _____

When do you wish to enter? August January May _____
Year

Mailing Address: Street City State / Country

Home Address: Street City State / Country

Preferred telephone contact _____ E-mail address _____

Citizen of _____ Date of Birth _____

Have you received a degree from a College or University? Yes No

List all colleges attended:

Table with 4 columns: Name of College, City & State, Month & Year, Degree. Rows 1-4.

Have you ever been suspended for scholastic deficiency or disciplinary reasons from any college or university?

Yes No If yes, explain on a separate page.

Have you ever been convicted of a felony? Yes No If Yes, explain on a separate page.

Are you currently under indictment for a felony? Yes No If Yes, explain on a separate page.

What will be your: Major _____ Minor _____ Degree sought

Have you taken the Graduate Record Exam (GRE)? Yes No

If yes, complete the following for each time the test was taken:

Table with 7 columns: Date Taken, Verbal Score, %'tile, Quantitative Score, %'tile, Analytical Score, %'tile. Rows 1-3.

If no, when do you plan to take it?

What is your overall grade point average (on a 4.0 point scale)?

Undergraduate _____ Graduate _____

If you are a Foreign Student and English is not your primary language, have you taken the Tests of English as a Foreign Language (TOEFL)?

Yes What was your score? _____ No When will you take it? _____ / _____ / _____

If, in addition to applying to Graduate School(s), you have also applied to Medical School(s), please give details on a separate sheet of when and where you applied to Medical School(s), the outcome of these applications and why you are now applying to Graduate School.

Briefly describe your current career goals and explain why you think going to graduate school will help you attain these goals. **Use an additional sheet if necessary.**

CERTIFICATE

I certify that to the best of my knowledge, the information given on this application is correct and complete. I understand that if it is later found out to be otherwise, my application may be rejected, or in the event that I am enrolled, I may be subject to dismissal from the University.

Date

Signature

In addition to this application form you are also required to provide official transcripts from all colleges and universities attended, official Graduate Record Examination Scores, official T.O.E.F.L. scores (if applicable), letters of recommendation from two former or present professors.

Sandra C. Roerig, Ph.D., Associate Dean for Research
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