



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

APPLICATION FOR ADMISSION Ph.D. PROGRAM

Please Type or Print

Name: _____
Last Name
First Name
Middle Initial

Social Security No.: _____ U.S. Citizen? Yes No Male Female Veteran? Yes No

Date of Birth _____ / _____ / _____ Place of Birth _____
Month
Day
Year
City, State

Note: The questions in this section are voluntary. Your response will not affect our consideration of your application for admission.

Hispanic or Latino? Yes No

Check which apply: American Indian/Alaska Native Asian African American
 Native Hawaiian/Other Pacific Islander Caucasian

When do you wish to enter? Fall (July/August) Spring (January) Summer (May) Year: _____

Mailing Address @ School: _____
Street
City
State / Country
Zip Code

Permanent Address: _____
Street
City
State / Country
Zip Code

Preferred telephone contact _____ E-mail address _____

Have you received a degree from a College or University? Yes No **If Yes, list all colleges attended:**

	<i>Name of College</i>	<i>City & State</i>	<i>Month & Year</i>	<i>Degree</i>
1.	_____	_____	From _____ To _____	_____
2.	_____	_____	From _____ To _____	_____
3.	_____	_____	From _____ To _____	_____
4.	_____	_____	From _____ To _____	_____

What is your Major? _____ Degree sought _____

What will be your LSUHSC department? Cell Biology Biochemistry Microbiology Pharmacology Physiology

Have you taken the Graduate Record Exam (GRE)? Yes No **If no, when do you plan to take it?** _____

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

<i>Date Taken</i>	<i>Verbal Score</i>	<i>% 'tile</i>	<i>Quantitative Score</i>	<i>% 'tile</i>	<i>Analytical Score</i>	<i>% 'tile</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

Undergraduate _____ Graduate _____

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.**

If you are an International Student and English is not your primary language, have you taken the Tests of English as a Foreign Language (TOEFL) or the (IELTS), International Education Language Testing Service?

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

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. or IELTS scores (if applicable), letters of recommendation from two former or present professors.

Dean, School of Graduate Studies
Louisiana State University Health Sciences Center
1501 Kings Highway
Shreveport, Louisiana 71103